

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

04-RC-213086

1/16/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
CJ MAINTENANCE

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
8000 - ESSINGTON AVE., Terminal 9F, Philadelphia, PA. 19153

3a. Employer Representative - Name and Title
Joaquin Rivera Supervisor/ Manager

3b. Address (if same as 2b - state same)
Same

3c. Tel. No.

3d. Cell No.

(267) 435-9056

3e. Fax No.

3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Maintenance Company

4b. Principal product or service
Maintenance Service

5a. City and State where unit is located:
Philadelphia, Pa.

5b. Description of Unit Involved

Included: **All porters, cleaners, Handyman and service people**

Excluded: **All office clericals, Guards and supervisors as defined in the act**

6a. No. of Employees in Unit:
20

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One:

☐ 7a. Request for recognition as Bargaining Representative was made on (Date) **9-21-2017** (Date) (if no reply received, so state). **no reply**

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).
None

8b. Address

9c. Tel No.

9d. Cell No.

9e. Fax No.

9f. E-Mail Address

9g. Affiliation, if any

9h. Date of Recognition or Certification

9i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **No** If so, approximately how many employees are participating? _____
(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (if none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
Tuesday, Wednesday, Thursday

11c. Election Time(s):
1:00PM to 3:00PM, 10:00 PM to 11:00 PM

11d. Election Location(s):
on site office

12a. Full Name of Petitioner (including local name and number)
Local 890 L.I.F.E.

12b. Address (street and number, city, state, and ZIP code)
325 73 street, Brooklyn, New York 11209

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
League of International Federated Employees

12d. Tel No.
718 238 2399

12e. Cell No.

12f. Fax No.
718-680-0842

12g. E-Mail Address

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title
Dina Chiclana

13b. Address (street and number, city, state, and ZIP code)
325 73 street, Brooklyn, New York 11209

13c. Tel No.
718 238-2399

13d. Cell No.

13e. Fax No.
718 6800842

13f. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)
Dina Chiclana

Signature

Dina Chiclana

Title
Delegate

Date

12/11/2017

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

04-RC-213357

Date Filed

1-19-18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer

South Jersey Medical Transportation

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)

29 Front Street Salem NJ 08079

3a. Employer Representative - Name and Title

Ovi Nituica

3b. Address (If same as 2b - state same)

same

3c. Tel. No.

(856)759-4269

3d. Cell No.

(518)961-1390

3e. Fax No.

(856)759-4753

3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.)

Ambulance Service

4b. Principal product or service

Ambulances and Mobility Assistance

5a. City and State where unit is located:

Salem NJ

5b. Description of Unit Involved

Included: All full time, part time, and per diem emergency medical technicians and mobility assistance vehicle technicians

Excluded:

All others, managers, clerks, office staff, and supervisors by the act.

6a. No. of Employees in Unit:

20

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the

Petitioner? Yes ☒ No ☐

Check One:



7a. Request for recognition as Bargaining Representative was made on (Date) 01/10/18 and Employer declined recognition on or about



(Date) (If no reply received, so state). **No Response**

7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).

None

8b. Address

✓

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____

(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

None

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☒ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
02/05/18 and 02/06/18

11c. Election Time(s):
am and pm

11d. Election Location(s):
To Be Determined

12a. Full Name of Petitioner (including local name and number)

International Association of EMT's and Paramedics

12b. Address (street and number, city, state, and ZIP code)

159 Burgin Parkway Quincy MA 02169

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)

International Associations of EMT's and Paramedics/NAGE/SEIU Local 5000

12d. Tel No.

(617)376-0220

12e. Cell No.

12f. Fax No.

(617)984-5695

12g. E-Mail Address

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title **Frank Wagner National Representative**

13b. Address (street and number, city, state, and ZIP code)

PO Box 19 Elizabeth NJ 07207

13c. Tel No.

(732)485-6799

13d. Cell No.

13e. Fax No.

(617)984-5695

13f. E-Mail Address

frankiethechin@msn.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

Frank Wagner

Signature

Title

National Representative

Date

01/17/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. **04-RC-214646** Date Filed **2/12/18**

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
Breakthru Beverage
2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
129 Hartman Rd
PA North Wales 19454-1504

3a. Employer Representative - Name and Title
Jennifer Jankowski Boyle
3b. Address (If same as 2b - state same)
129 Hartman Rd
PA North Wales 19454-1504

3c. Tel. No.
(267) 960-0600
3d. Cell No.
(215) 668-4214
3e. Fax No.
(215) 628-2973
3f. E-Mail Address
JLBoyle@BreakthruBev.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Beverages (Alcoholic)
4b. Principal product or service
Alcoholic Beverage Delivery
5a. City and State where unit is located:
North Wales, PA

5b. Description of Unit Involved
Included: See Attached Page 2 for additional details
6a. No. of Employees in Unit:
5

Excluded: See Attached Page 2 for additional details
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☐ **7a.** Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).
8b. Address

8c. Tel No.
8d. Cell No.
8e. Fax No.
8f. E-Mail Address

8g. Affiliation, if any
8h. Date of Recognition or Certification
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name
10b. Address
10c. Tel. No.
10d. Cell No.
10e. Fax No.
10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.
11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
February 28, 2018
11c. Election Time(s):
6:00 am to 7:30 am
11d. Election Location(s):
129 Hartman Road North Wales, PA 19454 (in the drivers breakroom)

12a. Full Name of Petitioner (including local name and number)
Ron LAKE
Teamsters Local 701
12b. Address (street and number, city, state, and ZIP code)
2003 US Highway 130 Ste B
NJ North Brunswick 08902-1857

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Brotherhood of Teamsters
12d. Tel No.
(732) 297-2701
12e. Cell No.
12f. Fax No.
(732) 821-6233
12g. E-Mail Address
ron@teamsterslocal701.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.
13a. Name and Title
Paul Montalbano Esq. Legal Counsel
Cohen, Leeder, Montalbano and Connaughton
13b. Address (street and number, city, state, and ZIP code)
669 River Drive Suite 125
NJ Elmwood Park 07407-

13c. Tel No.
(908) 298-8800
13d. Cell No.
(201) 310-8565
13e. Fax No.
(908) 298-9333
13f. E-Mail Address
montalbanomail@yahoo.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)
Ron LAKE
Signature
Ron Lake
Title
Secretary Treasurer
Date
02/12/2018 10:06:07

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

All full-time and part-time drivers.

Employees Excluded

All other employees including warehouse loaders/pickers , clerical,supervisors and guards as defined in the act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

04-RC-214663

Date Filed

2/12/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
Savage Services

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
4550 Wrangle Hill Road Gate 40 Delaware City, DE 19706

3a. Employer Representative - Name and Title
Kim Neely, General Manager

3b. Address (If same as 2b - state same)
Same

3c. Tel. No.
(302) 392-3746

3d. Cell No.
(302) 689-2781

3e. Fax No.
(302) 504-6022

3f. E-Mail Address
kimneely@savageservices.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
refinery

4b. Principal product or service
material handling, loading, and unloading

5a. City and State where unit is located:
Deleware City, DE

5b. Description of Unit Involved

Included: All full-time and regular part-time material handlers, loaders, unloaders, processors and maintenance employees in the Crude, Coke, LPG, Rail and Chemical departments of the Employer's facility in Delaware City, DE.

Excluded: All coordinators, office clerical and professional employees, guards, and supervisors as defined in the Act

6a. No. of Employees in Unit:
Approximately 70

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One:



7a. Request for recognition as Bargaining Representative was made on (Date) by petition and Employer declined recognition on or about no reply (Date) (If no reply received, so state).



7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).
None

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____

(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
none

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
3/8/18 and 3/9/18

11c. Election Time(s):
3:00 p.m. to 5:00 p.m.

11d. Election Location(s):
Team Member Meeting Trailer

12a. Full Name of Petitioner (including local name and number)
United Steelworkers

12b. Address (street and number, city, state, and ZIP code)
60 Boulevard of the Allies, Five Gateway Center Room 913 Pittsburgh, PA 15222

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied & Industrial Service Workers International Union, AFL-CIO, CLC

12d. Tel No.
(201) 655-8227

12e. Cell No.
(201) 655-8227

12f. Fax No.
(412) 562-2555

12g. E-Mail Address
arturousw@gmail.com

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title
Brad Manzolillo, USW Organizing Counsel

13b. Address (street and number, city, state, and ZIP code)
60 Boulevard of the Allies, Five Gateway Center Room 913 Pittsburgh, PA 15222

13c. Tel No.
(412) 562-2529

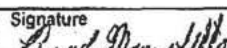
13d. Cell No.
(412) 418-4333

13e. Fax No.
(412) 562-2555

13f. E-Mail Address
bmanzolillo@usw.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)
Brad Manzolillo

Signature


Title
Organizing Counsel

Date
2/12/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

04-RC-214789

Date Filed

2-14-18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

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2a. Name of Employer SupplyOne		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1090 Thomas Busch Memorial Highway	
3a. Employer Representative - Name and Title Shawn Williams, Branch Manager		3b. Address (If same as 2b - state same) Pennsauken, NJ 08110	
3c. Tel. No. 856-727-1010	3d. Cell No. 609-820-0202	3e. Fax No. 856-727-1020	3f. E-Mail Address swilliams@supplyone.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Distribution Center		4b. Principal product or service Delivery Service	5a. City and State where unit is located: Pennsauken, NJ

5b. Description of Unit Involved

Included: All full-time and regular part-time delivery drivers

Excluded: All other employees, including supervisors as defined in the Act.

6a. No. of Employees in Unit:

7

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None		8b. Address	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
None

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): March 12, 2018	11c. Election Time(s): 5:00 am - 6:00 am	11d. Election Location(s): Office near shipping and receiving office
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12a. Full Name of Petitioner (including local name and number) Teamsters Local Union No. 676	12b. Address (street and number, city, state, and ZIP code) 101 Crescent Boulevard, Collingswood, NJ 08108
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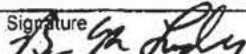
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Brotherhood of Teamsters

12d. Tel. No. 856-964-2101	12e. Cell No.	12f. Fax No. 856-964-4944	12g. E-Mail Address jbennett@teamsters676.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Bruce M. Ludwig, Attorney		13b. Address (street and number, city, state, and ZIP code) 1845 Walnut Street, 24th Floor, Philadelphia, PA 19103	
13c. Tel. No. 215-656-3644	13d. Cell No.	13e. Fax No. 215-561-5135	13f. E-Mail Address bludwig@wwdlaw.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Bruce M. Ludwig	Signature 	Title Attorney	Date February 13, 2018
---------------------------------	--	-------------------	---------------------------

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-215637	Date Filed 2-28-18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE. A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Asplundh Tree Expert Company		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 708 Blair Mill Road, Willow Grove, PA, 19090	
3a. Employer Representative - Name and Title John Dettl		3b. Address (If same as 2b - state "same") same	
3c. Tel. No. 215-784-4318	3d. Cell No.	3e. Fax No.	3f. E-Mail Address jdettl@utiservcorp.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Utility contractor		4b. Principal product or service tree trimming / line clearance	
5b. Description of Unit Involved Included: All full time and part time tree trimmers, working foremen, tree trimmer trainees sprayer technicians, work screeners and ground persons, performing work on Pennsylvania Power and Light Property during payroll period ending 2/24/2018 Excluded: outsource crews, safety trainers, general foreman, office, clerical employees, professional employees, guards, and supervisors as defined by the Act		5a. City and State where unit is located: Lancaster / Hellertown PA	
		6a. No. of Employees in Unit: 100	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) **2/20/18** and Employer declined recognition on or about (Date) (If no reply received, so state). **no reply**
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). none		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **no** If so, approximately how many employees are participating? _____
 (Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

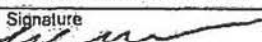
11b. Election Date(s): 3/21/2018	11c. Election Time(s): 3-8pm	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
12a. Full Name of Petitioner (including local name and number) International Brotherhood of Electrical Workers Local Union 126		11d. Election Location(s): Hellertown American Legion / Hampton Inn and Suites Ephrata	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Electrical Workers, AFL-CIO		12b. Address (street and number, city, state, and ZIP code) 3455 Germantown Pike, Collegeville, PA 19426	

12d. Tel No. 610-489-1185	12e. Cell No. 484-895-8876	12f. Fax No.	12g. E-Mail Address msimmonds@ibewlu126.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Michael Simmonds, Organizer		13b. Address (street and number, city, state, and ZIP code) 3455 Germantown Pike, Collegeville, PA, 19426	
13c. Tel No. 510-489-1185	13d. Cell No. 484-895-8876	13e. Fax No.	13f. E-Mail Address msimmonds@ibewlu126.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Michael Simmonds	Signature 	Title Organizer	Date 2/27/2018
---	--	---------------------------	--------------------------

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

04-RC-216216

Date Filed

3-08-18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
Metro Elevator Company

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
210 Carter Drive, Suite #8 W. Chester, PA 19832

3a. Employer Representative - Name and Title
Attilio Solomone Owner/President and Mary San Francesco/Owner

3b. Address (if same as 2b - state same)
Same

3c. Tel. No.
800 - 946 - 3886

3d. Cell No.
610 - 656 - 0458

3e. Fax No.
610 - 429 - 9113

3f. E-Mail Address
Metroelevator@comcast.net

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Elevator Company

4b. Principal product or service
Elevator construction, service modernization and repair

5a. City and State where unit is located:
West Chester, PA

5b. Description of Unit Involved
Included: All full-time and part-time regular elevator constructors, including helpers and apprentices employed by the employer.
Excluded: All guards and supervisors as defined in the Act.

6a. No. of Employees in Unit:
10

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☒ **7a. Request for recognition as Bargaining Representative was made on (Date)** 3/8/18 **and Employer declined recognition on or about** _____ (Date) (if no reply received, so state).
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).
None

8b. Address

8c. Tel. No.
None

8d. Cell No.
None

8e. Fax No.
None

8f. E-Mail Address
None

8g. Affiliation, if any
None

8h. Date of Recognition or Certification
None

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
None

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
None

10a. Name
None

10b. Address
None

10c. Tel. No.
None

10d. Cell No.
None

10e. Fax No.
None

10f. E-Mail Address
None

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
3/22/2018

11c. Election Time(s):
8 AM - 8:30 AM

11d. Election Location(s):
Employers warehouse

12a. Full Name of Petitioner (including local name and number)
International Union of Elevator Constructors

12b. Address (street and number, city, state, and ZIP code)
12273 Townsend Road, Philadelphia, PA, 19154

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Union of Elevator Constructors

12d. Tel. No.
None

12e. Cell No.
None

12f. Fax No.
None

12g. E-Mail Address
eloomis@iuec.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title
Joe Williams

13b. Address (street and number, city, state, and ZIP code)
12273 Townsend Road, Philadelphia, PA, 19154

13c. Tel. No.
215 - 676 - 2555

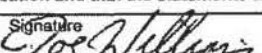
13d. Cell No.
215 - 983 - 4628

13e. Fax No.
215 - 676 - 6386

13f. E-Mail Address
joe.williams@iuec.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)
Joe Williams

Signature


Title
Business Manager

Date
3/8/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

04-RC-216218

Date Filed

3/8/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
Pincus Elevator Company

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
901 South Bolmer Street, Suite Q, West Chester, PA, 19382

3a. Employer Representative - Name and Title
Matt Pincus Owner/President

3b. Address (If same as 2b - state same)
Same

3c. Tel. No.
610 - 738 - 4350

3d. Cell No.
610 - 226 - 5555

3e. Fax No.
610 - 738 - 4377

3f. E-Mail Address
info@pincuselevator.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Elevator Company

4b. Principal product or service
Elevator construction, service modernization and repair

5a. City and State where unit is located:
West Chester, PA

5b. Description of Unit Involved

Included: All full-time and part-time regular elevator constructors, including helpers and apprentices employed by the employer.

Excluded: All guards and supervisors as defined in the Act.

6a. No. of Employees in Unit:
20

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One:



7a. Request for recognition as Bargaining Representative was made on (Date) 3/8/18 and Employer declined recognition on or about (Date) (If no reply received, so state).



7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).

None

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
None

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

None

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
3/23/2018

11c. Election Time(s):
8 AM - 8:30 AM

11d. Election Location(s):
Employers warehouse

12a. Full Name of Petitioner (including local name and number)
International Union of Elevator Constructors

12b. Address (street and number, city, state, and ZIP code)
12273 Townsend Road, Philadelphia, PA, 19154

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Union of Elevator Constructors

12d. Tel No.

12e. Cell No.

12f. Fax No.

12g. E-Mail Address
eloomis@iuec.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title
Joe Williams

13b. Address (street and number, city, state, and ZIP code)
12273 Townsend Road, Philadelphia, PA, 19154

13c. Tel No.
215 - 876 - 2555

13d. Cell No.
215 - 983 - 4628

13e. Fax No.
215 - 876 - 6386

13f. E-Mail Address
joe.williams@iuec5.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)
Joe Williams

Signature

Joe Williams

Title
Business Manager

Date
3/8/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

04-RC-216233

Date Filed

3/9/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Chelsea Senior Living		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 440 Old York Road, Jenkintown, PA 19046	
3a. Employer Representative - Name and Title Jessica Martin, Executive Director		3b. Address (If same as 2b - state same) same	
3c. Tel. No. 215-572-8300	3d. Cell No.	3e. Fax No. 215-572-1635	3f. E-Mail Address jmartin@csll.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Nursing Home		4b. Principal product or service Health care	5a. City and State where unit is located: Jenkintown, PA
5b. Description of Unit Involved Included: All full-time and regular part-time care managers, dietary aides, cooks, med techs, housekeepers, and activity aides employed by the Employer at the 440 York Road facility. Excluded: All other employees, managerial employees, guards and supervisors as defined in the Act.			6a. No. of Employees in Unit: 50 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: ☒ **7a.** Request for recognition as Bargaining Representative was made on (Date) 3/9/2018 and Employer declined recognition on or about _____ (Date) (If no reply received, so state). **No reply**
☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
None

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): 3/23/18	11c. Election Time(s): 6:30am -8am, 2:30pm-4pm	11d. Election Location(s): Second Floor Family Room	
12a. Full Name of Petitioner (including local name and number) District 1199C, National Union of Hospital and Health Care Employees, AFSCME, AFL-CIO		12b. Address (street and number, city, state, and ZIP code) 1319 Locust Street, Philadelphia, PA 19103	

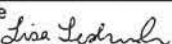
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
National Union of Hospital and Health Care Employees, AFSCME, AFL-CIO

12d. Tel No. (215) 735-1300	12e. Cell No.	12f. Fax No. (215) 735-9878	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Lisa Leshinski, Esq., Attorney for District 1199C		13b. Address (street and number, city, state, and ZIP code) Freedman and Lorry PC, 1601 Market St., Suite 1500, Philadelphia, PA 19103	
13c. Tel No. (215) 931-2557	13d. Cell No. (856) 952-8007	13e. Fax No. (215) 925-7516	13f. E-Mail Address lleshinski@freedmanlorry.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Lisa Leshinski, Esq.	Signature 	Title Attorney	Date 3/9/2018
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

04-RC-216572

Date Filed

3/14/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer

Gerber Collision and Glass

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)

6650 Chrisphalt Dr
PA Bath 18014-8980

3a. Employer Representative - Name and Title

Rich Albertson

3b. Address (If same as 2b - state same)

6650 Chrisphalt Dr
PA Bath 18014-8980

3c. Tel. No.

(610) 837-8724

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

rich.albertson@gerbercollision.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)

Auto & Truck Parts

4b. Principal product or service

Auto body repair

5a. City and State where unit is located:

Bath, PA

5b. Description of Unit Involved

Included: See Attached Page 2 for additional details

Excluded: See Attached Page 2 for additional details

6a. No. of Employees in Unit:

7

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☒ **7a. Request for recognition as Bargaining Representative was made on (Date) 03/14/2018 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received**

☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year)

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
04-04-18

11c. Election Time(s):
12pm to 1pm

11d. Election Location(s):
garage located at employers address

12a. Full Name of Petitioner (including local name and number)
Timothy J Groller
Teamster Local 773

12b. Address (street and number, city, state, and ZIP code)
3614 Lehigh St
PA Whitehall 18052-3401

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Brotherhood of Teamsters

12d. Tel No.
(610) 657-6080

12e. Cell No.
(610) 657-6080

12f. Fax No.
(610) 770-9581

12g. E-Mail Address
tgroller@teamster773.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title

13b. Address (street and number, city, state, and ZIP code)

13c. Tel No.

13d. Cell No.

13e. Fax No.

13f. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

Timothy J Groller

Signature

Timothy J. Groller

Title

Business Agent

Date

03/14/2018 12:22:24

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
04-RC-216572	3-14-18

Employees Included

All full-time and regular part-time blue collar non-professional employees including but not limited to body techs, paint techs and detailers.

Employees Excluded

All management level employees, first level supervisors and guards as defined in the act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

04-RC-216990

Date Filed

3-20-18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
Abbonizio Transfer, Inc.

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
439 S. Governor Printz Blvd., Essington, PA 19029

3a. Employer Representative - Name and Title
Karen Abbonizio - President

3b. Address (If same as 2b - state same)
Same

3c. Tel. No.
(610) 521-3010

3d. Cell No.

3e. Fax No.
(610) 521-4186

3f. E-Mail Address
abboniziotrans@aol.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
General Construction

4b. Principal product or service
Truck Drivers

5a. City and State where unit is located:
Sewell, New Jersey

5b. Description of Unit Involved
Included: All full-time and regular part-time drivers.

6a. No. of Employees in Unit:
5

Excluded: All supervisors, managers, mechanics, clerical and all others excluded by the Act.

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) this petition and Employer declined recognition on or about _____ (Date) (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).
None

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
None

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
April 19 or 20, 2018

11c. Election Time(s):
6:00 AM to 7:00 AM

11d. Election Location(s):
On-site at the yard located at 1850 Hurffville Rd., Sewell, NJ 08080

12a. Full Name of Petitioner (including local name and number)
Teamsters Local 676

12b. Address (street and number, city, state, and ZIP code)
101 W. Crescent Blvd., Collingswood, NJ 08108

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Brotherhood of Teamsters

12d. Tel No.
(856) 964-2101

12e. Cell No.

12f. Fax No.
(856) 964-4944

12g. E-Mail Address
jbennett@teamsters676.com

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title
Thomas M. Gribbin, Jr., Esq. - Attorney

13b. Address (street and number, city, state, and ZIP code)
Willig, Williams & Davidson - 1845 Walnut St., 24th Fl., Philadelphia, PA 19103

13c. Tel No.
(215) 656-3623

13d. Cell No.

13e. Fax No.
(215) 561-5135

13f. E-Mail Address
tgribbin@wwdlaw.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

Thomas M. Gribbin Jr.

Signature

Thomas M. Gribbin Jr.

Title

Attorney

Date

3/20/2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

04-RC-217064

Date Filed

3-23-18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer

Sodexo, Inc.

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)

9801 Washington Boulevard
MD Gaithersburg 20878-

3a. Employer Representative - Name and Title

Howard Pripas

3b. Address (If same as 2b - state same)

9801 Washington Boulevard
MD Gaithersburg 20878-

3c. Tel. No.

(301) 987-4000

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

howard.pripas@sodexo.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Services

4b. Principal product or service
Food Service

5a. City and State where unit is located:
Philadelphia, PA

5b. Description of Unit Involved

Included: See Attached Page 2 for additional details

Excluded: See Attached Page 2 for additional details

6a. No. of Employees in Unit:

5

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☒ **7a. Request for recognition as Bargaining Representative was made on (Date)** _____ **and Employer declined recognition on or about** _____ **(Date) (If no reply received, so state).**

☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ **If so, approximately how many employees are participating?** _____
(Name of labor organization) _____ **has picketed the Employer since (Month, Day, Year)** _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
April 11, 2018

11c. Election Time(s):
10:00 a.m. to 11:00 a.m.

11d. Election Location(s):
Education Conference Room

12a. Full Name of Petitioner (including local name and number)

Chris Woods
District 1199C, National Union of Hospital and Health Care Employees, AFSCME, AFL-CIO

12b. Address (street and number, city, state, and ZIP code)

1319 Locust Street
PA Philadelphia 19107-

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
NUHCE, AFSCME, AFL-CIO

12d. Tel No.

(215) 735-1300

12e. Cell No.

12f. Fax No.

12g. E-Mail Address
ChristenW@1199cnuhce.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title
Lance Geren Attorney
Freedman and Lorry, P.C.

13b. Address (street and number, city, state, and ZIP code)
1601 Market Street Suite 1500
PA Philadelphia 19103-

13c. Tel No.

(215) 931-2573

13d. Cell No.

(267) 243-5085

13e. Fax No.

(215) 925-7516

13f. E-Mail Address
lgeren@freedmanlorry.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

Lance Geren

Signature

Lance Geren

Title

Attorney

Date

03/23/2018 09:54:38

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
04-RC-217064	3-23-18

Employees Included

All full-time and regular part-time dietary employees employed by the Employer at the Jungle Hut Coffee Shop at St. Christopher's Hospital for Children at 160 E. Erie Avenue, Philadelphia, Pennsylvania.

Employees Excluded

All other employees, managerial employees, guards and supervisors as defined by the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-217248	Date Filed 3/27/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer MC Custom Sheet Metal		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 215 Old Egg Harbor Rd. #E, West Berlin, NJ 08091	
3a. Employer Representative - Name and Title Mike Franchi, Owner		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. 856-767-9509	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Sheet Metal Fabricator		4b. Principal product or service Sheet metal duct work	
5b. Description of Unit Involved Included: All sheet metal fabricators and mechanics. Excluded: All other employees, including supervisors, guards, and clerical workers as defined by the Act.		5a. City and State where unit is located: West Berlin, NJ	
		6a. No. of Employees in Unit: 5	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☒ **7a.** Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None		8b. Address	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. **11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): Friday, April 13	11c. Election Time(s): 6:30 am -7:30 am	11d. Election Location(s): Shop
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12a. Full Name of Petitioner (Including local name and number) Sheet Metal Workers Local 19	12b. Address (street and number, city, state, and ZIP code) 1301 S. Columbus Blvd., Philadelphia, PA 19147
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Int'l Assn. of Sheet Metal, Air, Rail & Transportation Workers (SMART)

12d. Tel. No. 215-952-1999	12e. Cell No.	12f. Fax No.	12g. E-Mail Address bgadsby@lu19.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Martin W. Milz, Esq.		13b. Address (street and number, city, state, and ZIP code) 230 S. Broad St., Ste. 1400, Philadelphia, PA 19102	
13c. Tel. No. 215-732-0101	13d. Cell No.	13e. Fax No. 215-732-7790	13f. E-Mail Address mmilz@spearwilder.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Martin W. Milz	Signature 	Title Attorney for L. 19	Date 3/27/18
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-217459	Date Filed 3/29/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Allshore Heating and Cooling		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 440 North Elmwood Rd. Marlton, NJ 08053	
3a. Employer Representative - Name and Title Mark Dietrle		3b. Address (If same as 2b - state same) same	
3c. Tel. No. 856-596-5002	3d. Cell No. 609-680-8701	3e. Fax No. 856-596-5009	3f. E-Mail Address markd_allshore@comcast.net
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Sheet Metal Fabrication Shop		4b. Principal product or service Fabrication/Install of Ductwork	
5a. City and State where unit is located: Marlton, NJ		6a. No. of Employees in Unit: 15	
5b. Description of Unit Involved Included: All Sheet Metal Fabricator Mechanics and Installers.		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Excluded: All other employees, including supervisors, delivery drivers, guards, service technicians, and clerical workers as defined by the Act.			

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). none		8b. Address	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **NO** If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): Friday, April 20th	11c. Election Time(s): 7:00 am - 8:00 am	11d. Election Location(s):
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12a. Full Name of Petitioner (including local name and number) Shet Metal Workers Local 19	12b. Address (street and number, city, state, and ZIP code) 1301 S. Columbus Blvd., Philadelphia, PA 19147
--	--

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Int'l Assn. of Sheet Metal Air Rail and Transportation (SMART), AFL-CIO

12d. Tel. No. 215-952-1999	12e. Cell No.	12f. Fax No.	12g. E-Mail Address jkeenan@lu19.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title James Keenan		13b. Address (street and number, city, state, and ZIP code) 440 North Elmwood Rd. Marlton, NJ 08053	
13c. Tel. No. 215-952-1999	13d. Cell No. n/a	13e. Fax No. 215-952-0250	13f. E-Mail Address jkeenan@lu19.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) James Keenan	Signature 	Title Area Marketing Rep.	Date 3/29/18
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-218375	Date Filed 4-13-18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
Golden Nugget Atlantic City

2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)
Huron & Brigantine Boulevard, Atlantic City, NJ 08401

3a. Employer Representative - Name and Title
Patricia Fineran

3b. Address (if same as 2b - state same)
same

3c. Tel. No.
609-441-2000

3d. Cell No.
609-437-3309

3e. Fax No.

3f. E-Mail Address
pfineran@gnacm.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
hotel and casino

4b. Principal product or service
hospitality and gaming

5a. City and State where unit is located:
Atlantic City, New Jersey

5b. Description of Unit Involved
Included: All full-time and regular part-time environmental services (EVS) department employees, including EVS Cleaner, Specialized Haven-Cleaner, Dual Rate and Store Attendant at the employer's premises in Atlantic City.

5c. No. of Employees in Unit:
66

Excluded: All other employees, guards and supervisors as defined in the Act.

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☒ **7a. Request for recognition as Bargaining Representative was made on (Date) 04/13/18 and Employer declined recognition on or about No Reply (Date) (if no reply received, so state).**

☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
May 4, 2018

11c. Election Time(s):
7:30-9:30 am 3:00-4:30 pm

11d. Election Location(s):
employee cafeteria

12a. Full Name of Petitioner (including local name and number)
UNITE HERE Local 54

12b. Address (street and number, city, state, and ZIP code)
1014 Atlantic Avenue, Atlantic City, NJ 08401

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent, (if none, so state)
UNITE HERE

12d. Tel No.
609-344-5400

12e. Cell No.
609-513-5407

12f. Fax No.

12g. E-Mail Address
balbert@unitehere.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title
Cassie R. Ehrenberg, Esquire

13b. Address (street and number, city, state, and ZIP code)
325 Chestnut Street, Suite 200, Philadelphia, PA 19106

13c. Tel No.
215-735-9099

13d. Cell No.

13e. Fax No.
215-640-3201

13f. E-Mail Address
cehrenberg@cjlaw.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)
Cassie R. Ehrenberg

Signature

Title
Esquire

Date
4/13/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

04-RC-218837

4-20-18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Sanexen Water		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 30 S Keystone Ave PA Emmaus 18049-4110	
3a. Employer Representative - Name and Title Gilbert Roy		3b. Address (If same as 2b - state same) 30 S Keystone Ave PA Emmaus 18049-4110	
3c. Tel. No. (514) 977-1102	3d. Cell No. (514) 977-1102	3e. Fax No. (610) 421-6098	3f. E-Mail Address groy@sanexen.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Water Utilities		4b. Principal product or service Water Construction	
		5a. City and State where unit is located: Emmaus, PA	

5b. Description of Unit Involved		6a. No. of Employees in Unit: 26
Included: See Attached Page 2 for additional details		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Excluded: See Attached Page 2 for additional details		

Check One: ☒ **7a.** Request for recognition as Bargaining Representative was made on (Date) 10/25/2017 and Employer declined recognition on or about _____ (Date) (If no reply received, so state). No reply received

☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No ☒ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): 5/14/2018	11c. Election Time(s): 8:00 Am	11d. Election Location(s): Emmaus Pa
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12a. Full Name of Petitioner (including local name and number) Larry Kelley Utility Workers Union of America AFL-CIO	12b. Address (street and number, city, state, and ZIP code) 270 Mansfield Rd PA Washington 15301-
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Utility Workers Union of America AFL-CIO

12d. Tel No. (724) 746-5622	12e. Cell No. (724) 263-1345	12f. Fax No. (724) 514-7381	12g. E-Mail Address lkelly@uwua.net
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Larry Kelley	Signature Larry Kelley	Title National Organizer	Date 04/18/2018 14:34:42
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed 4-20-18

Employees Included

All maintenance and production employees, robot operation, robotics technician, laborer, and jetter operator.

Employees Excluded

Office manager, and supervisors defined by the act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-218867	Date Filed 4-20-18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Healthcare SERVICES GROUP		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 6625 Lancaster Pike, Hockessin, Delaware, 19707	
3a. Employer Representative - Name and Title Michael Hallman, District Manager		3b. Address (if same as 2b - state same) 3220 Tillman Drive, Suite 300, Bensalem, PA 19020	
3c. Tel. No. 215-514-9361	3d. Cell No. 215-514-9361	3e. Fax No. 800-853-2650	3f. E-Mail Address Michael.Hallman@hcsgrcorp.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Nursing Home - Dietary Department		4b. Principal product or service Food Service	5a. City and State where unit is located: Hockessin, Delaware
5b. Description of Unit Involved Included: All full-time and regular part-time Cooks employed by the Employer at the 6625 Lancaster Pike, Hockessin, Delaware Location. Note: Petitioner requests an "Armour-Globe" election to include employees into the larger bargaining unit. Excluded: All other employees, professional employees, managerial employees, guards and supervisors as defined in the Act.			6a. No. of Employees in Unit: 4 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 4/20/2018 and Employer declined recognition on or about (Date) (If no reply received, so state). no reply
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state). none.		8b. Address n/a	
8c. Tel. No. n/a	8d. Cell No. n/a	8e. Fax No. n/a	8f. E-Mail Address n/a
8g. Affiliation, if any n/a		8h. Date of Recognition or Certification n/a	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) n/a

9. Is there now a strike or picketing at the Employer's establishment(s) involved? no If so, approximately how many employees are participating? n/a
(Name of labor organization) n/a, has picketed the Employer since (Month, Day, Year) n/a

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
none

10a. Name n/a	10b. Address n/a	10c. Tel. No. n/a	10d. Cell No. n/a
		10e. Fax No. n/a	10f. E-Mail Address n/a

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.
11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): 5/11/2018	11c. Election Time(s): 1:00PM to 2:00PM	11d. Election Location(s): First floor employee break room.
12a. Full Name of Petitioner (including local name and number) United Food & Commercial Workers Union, Local 27		12b. Address (street and number, city, state, and ZIP code) 21 West Road, Suite 200, Baltimore, MD 21204


12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
United Food and Commercial Workers International Union

12d. Tel. No. 202-223-3111	12e. Cell No. n/a	12f. Fax No. n/a	12g. E-Mail Address n/a
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Nelson L. Hill, ATPP		13b. Address (street and number, city, state, and ZIP code) 21 West Road, Suite. 300, Baltimore, MD 21204	
13c. Tel. No. 410-337-2700	13d. Cell No. 302-632-4530	13e. Fax No. 410-307-1799	13f. E-Mail Address n.hill@ufcw27.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Nelson L. Hill	Signature 	Title Assistant to the President	Date 4/20/2018
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-219343	Date Filed 5-01-18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
2a. Name of Employer Lasalle University		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1900 West Olney Ave, Philadelphia, PA 19121	
3a. Employer Representative - Name and Title Arthur Grover, Director of Security		3b. Address (If same as 2b - state same) same	
3c. Tel. No. 215-951-10131	3d. Cell No.	3e. Fax No.	3f. E-Mail Address grover77@lasalle.edu
4a. Type of Establishment (Factory, mine, wholesaler, etc.) SECURITY AGENCY		4b. Principal product or service SECURITY	5a. City and State where unit is located: Philadelphia, PA
5b. Description of Unit Involved Included: ALL FULL-TIME AND PART-TIME ARMED AND UNARMED SECURITY OFFICERS INCLUDING CERTIFIED OFFICERS PERFORMING GUARD DUTIES AS DEFINED IN SECTION 9(B)(3) OF THE NATIONAL LABOR RELATIONS ACT, EMPLOYED BY LASALLE UNIVERSITY @ 1900 WEST OLNEY AVE, PHILADELPHIA, PA 19141. Excluded: ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT.			6a. No. of Employees in Unit: 30 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state). none <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state). NONE		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
NONE

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): 5/21/18	11c. Election Time(s): 6:30-8 AM & 2-3:30 PM	11d. Election Location(s): Room H308 Student Union Building - Lasalle Philadelphia Campus
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12a. Full Name of Petitioner (including local name and number) International Union, Security, Police and Fire Professionals of America (SPFPA)	12b. Address (street and number, city, state, and ZIP code) 25510 Kelly Road, Roseville, MI 48066
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Union, Security, Police and Fire Professionals of America (SPFPA)

12d. Tel No. 586-772-7250 X111	12e. Cell No. 586-872-5634	12f. Fax No. 586-772-9644	12g. E-Mail Address organize@spfpa.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Gordon Gregory, General Counsel		13b. Address (street and number, city, state, and ZIP code) 65 Cadillac Square, Suite 3727, Detroit, MI 48226	
13c. Tel No. 313-964-5600	13d. Cell No.	13e. Fax No. 313-964-2125	13f. E-Mail Address Gordon@UnionLaw.net

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) David L. Hickey	Signature 	Title International President	Date 4/30/18
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

04-RC-219435

Date Filed

5-01-18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
Kramer Beverage Company

2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code)
161 S. 2nd Road, Hammonton, NJ 08307

3a. Employer Representative - Name and Title
Brendan Dalton, VP/GM

3b. Address (if same as 2b - state same)
Same

3c. Tel. No.
609-704-7000, ext. 1003

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
bdalton@kramerbev.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)

4b. Principal product or service

5a. City and State where unit is located:
Hammonton, NJ

5b. Description of Unit Involved

Included: All full time and regular part time Retail Account Managers, Retail Account Specialists, Merchandisers and Craft and Specialty Representatives

Excluded: All other employees, guards and supervisors as defined by the Act.

6a. No. of Employees in Unit:
32

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).
None

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any.

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____

(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (If none, so state)

10a. Name
n/a

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
May 18, 2018

11c. Election Time(s):
8am-9am

11d. Election Location(s):
General Meeting Room

12a. Full Name of Petitioner (Including local name and number)
United Food and Commercial Workers Union Local 152

12b. Address (street and number, city, state, and ZIP code)
701 Route 50, Mays Landing, NJ 08330

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
United Food and Commercial Workers International Union

12d. Tel No.
609-704-3900

12e. Cell No.

12f. Fax No.
609-625-0328

12g. E-Mail Address

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title
Mark E. Belland, Esq.

13b. Address (street and number, city, state, and ZIP code)
1526 Berlin Road, Cherry Hill, NJ 08003

13c. Tel No.
856-795-2181

13d. Cell No.

13e. Fax No.
856-795-2182

13f. E-Mail Address
mbelland@obblaw.com; dwatkins@obblaw.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

Mark E. Belland, Esq.

Signature



Title

Attorney

Date

May 1, 2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

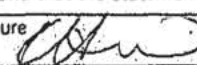
PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-219602	Date Filed 5/4/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
2a. Name of Employer Manchester Pediatric Medical Day Care		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1770 Tobias Avenue, Manchester, NJ 08759	
3a. Employer Representative - Name and Title Jeannie Vitiello, Administrator		3b. Address (If same as 2b - state same) same	
3c. Tel. No. (732) 323-8408	3d. Cell No.	3e. Fax No. (732) 323-8400	3f. E-Mail Address JVitiello@aristacare.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) pediatric care center		4b. Principal product or service health care	5a. City and State where unit is located: Manchester, NJ 08759
5b. Description of Unit Involved Included: All full-time and regular part-time, including per diem, Child Life Associates and Drivers employed by the Employer at Manchester Pediatric Medical Day Care. To be eligible to vote, employees must work an average of at least 4 hours per week for the 13 weeks preceding the eligibility date. Excluded: All other employees, guards and supervisors as defined in the Act			6a. No. of Employees in Unit: Approximately 15 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): May 25, 2018	11c. Election Time(s): 11:00am to 1:00pm	11d. Election Location(s): Conference Room at the Employer's facility in Manchester, NJ	
12a. Full Name of Petitioner (including local name and number) 1199 SEIU United Healthcare Workers East		12b. Address (street and number, city, state, and ZIP code) 555 Route 1 South, 3rd Fl., Iselin, NJ 08830	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Service Employees International Union			
12d. Tel No. 732-287-8113	12e. Cell No.	12f. Fax No. 732-287-8117	12g. E-Mail Address rhina.molina@1199.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Katherine H. Hansen, Esq.		13b. Address (street and number, city, state, and ZIP code) Gladstein, Reif & Meginniss, LLP, 617 Broadway, 6th Floor, New York, NY 10003	
13c. Tel No. 212-228-7727	13d. Cell No.	13e. Fax No. 212-228-7654	13f. E-Mail Address khansen@grmny.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Katherine H. Hansen	Signature 	Title Attorney	Date May 4, 2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

04-RC-219672

Date Filed

5-04-18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer

Penske Truck Leasing Corp.

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)

Various Locations

3a. Employer Representative - Name and Title

Mike Stratton, District Manager

3b. Address (If same as 2b - state same) **Penske Truck Leasing Corp.**

1050 W. Swedesford Road, Berwyn, Pennsylvania 19312

3c. Tel. No.

(610) 648-7824

3d. Cell No.

(610) 207-1395

3e. Fax No.

3f. E-Mail Address

mike.stratton@penske.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Automotive, Truck and Vehicular Maintenance and Repair

4b. Principal product or service
Automotive, Truck and Vehicular Maintenance and Repair

5a. City and State where unit is located:

5b. Description of Unit Involved

Included: **All full and regular part-time Mechanic Techs and Welders employed by Employer on the Property of PECO Energy Company.**

Excluded: **All other employees, guards and supervisors, confidential employees and all others excluded by law.**

6a. No. of Employees in Unit:

42

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One:

☒

7a. Request for recognition as Bargaining Representative was made on (Date) **5-4-18** and Employer declined recognition on or about

☐

no reply (Date) (If no reply received, so state).

7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).

None

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **No** If so, approximately how many employees are participating? _____

(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):

6-1-18

11c. Election Time(s):

1:00 p.m. to 3:00 p.m.

11d. Election Location(s): **Conference Room at Penske**

1050 W. Swedesford Road, Berwyn, PA

12a. Full Name of Petitioner (including local name and number) **International Brotherhood of Electrical Workers Local 614**

12b. Address (street and number, city, state, and ZIP code) **4613 West Chester Pike, Newtown Square, PA**

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) **International Brotherhood of Electrical Workers** Attn: **Larry Anastasi** 19073
Assistant Bus. Mgr.

12d. Tel No.

(610) 359-1015

12e. Cell No.

(610) 937-7769

12f. Fax No.

(610) 359-1016

12g. E-Mail Address

Thecleaner06@gmail.com

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title **Charles T. Joyce, Esquire**
Attorney for Petitioner

13b. Address (street and number, city, state, and ZIP code)

230 S. Broad Street, Suite 1400, Phila., PA 19102

13c. Tel No.

(215) 732-0101

13d. Cell No.

13e. Fax No.

(215) 732-7790

13f. E-Mail Address

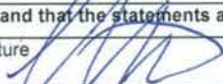
Ctjoyce@spearwilder.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

Charles T. JOyce

Signature



Title

Attorney for Petitioner

Date

5-4-18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-219863	Date Filed 5/9/18

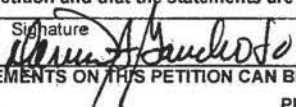
INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Cannstatter Volksfest-Verein		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 9130 Academy Road, Philadelphia, PA 19114	
3a. Employer Representative - Name and Title Peter Jauss, President		3b. Address (If same as 2b - state same) 9130 Academy Road, Philadelphia, PA 19114	
3c. Tel. No. 215-332-0121	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Catering Hall		4b. Principal product or service Food Service	5a. City and State where unit is located: Philadelphia, PA
5b. Description of Unit Involved Included: All full-time and regular part-time cooks, dishwashers and kitchen employees Excluded: All other employees, managers, supervisors and/or board members			6a. No. of Employees in Unit: 8 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>4-16-18</u> and Employer declined recognition on or about <u>No Reply</u> (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state). None		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name None		10b. Address		10c. Tel. No.		10d. Cell No.	
				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.				11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): May 24, 2018		11c. Election Time(s): 4:00 p.m. - 5:00 p.m.		11d. Election Location(s): Respondent's location			
12a. Full Name of Petitioner (including local name and number) Local 274 of the Philadelphia Joint Board, Workers United				12b. Address (street and number, city, state, and ZIP code) 22 S. 22nd Street, Philadelphia, PA 19103			
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Service Employees International Union							
12d. Tel No. 215-751-9770		12e. Cell No.		12f. Fax No.		12g. E-Mail Address	
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.							
13a. Name and Title David A. Gaudioso, Esquire				13b. Address (street and number, city, state, and ZIP code) 121 South Broad Street, Suite 1300, Philadelphia, PA 19107			
13c. Tel No. 215-546-4183		13d. Cell No. 1		13e. Fax No. 215-790-1382		13f. E-Mail Address dgaudio@meranzekatz.com	
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.							
Name (Print) David A. Gaudioso		Signature 		Title Esquire		Date 05-08-18	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-220072	Date Filed 5/11/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Mountain View Care and Rehab Center		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2309 Stafford Avenue, Scranton, PA.18505	
3a. Employer Representative - Name and Title Mike Hetzel Administrator		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. (570)341-0050	3d. Cell No.	3e. Fax No. (570)341-0051	3f. E-Mail Address ceo@mountainviewscranton.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Nursing Home		4b. Principal product or service Long Term Care, Skilled Nursing and Rehabilitation Facility	
5b. Description of Unit Involved Included: All Regular Full Time and Part Time Certified Nursing Assistants (CNA's) and Restorative Aids. Excluded: All Other Employees, Supervisors and Guards as defined by the Act		5a. City and State where unit is located: Scranton, Pa.	
		6a. No. of Employees in Unit: 53	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) **5/11/18** and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): 6/1/18	11c. Election Time(s): 6:00 AM - 8:00 AM and 2:00 PM - 4:00 PM	11d. Election Location(s): Employee Break Room by A wing service entrance
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12a. Full Name of Petitioner (including local name and number) Retail, Wholesale and Department Store Union (RWDSU)	12b. Address (street and number, city, state, and ZIP code) 370 Seventh Avenue, Suite 501, New York, NY 10001
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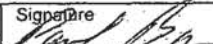
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Retail, Wholesale and Department Store Union, United Food and Commercial Workers (RWDSU-UFCW)

12d. Tel. No. (212)684-5300	12e. Cell No.	12f. Fax No. (212)779-2809	12g. E-Mail Address pbazemore@rwdsu.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Paul Bazemore Organizer		13b. Address (street and number, city, state, and ZIP code) 370 Seventh Avenue, Suite 501, New York, NY 10001	
13c. Tel. No. (212)684-5300	13d. Cell No. (917)653-2932	13e. Fax No. (212)779-2809	13f. E-Mail Address pbazemore@rwdsu.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Paul Bazemore	Signature 	Title Organizer	Date 5/11/18
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

04-RC-220757

Date Filed

5/23/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
Southern Glazer's Wine & Spirits of Delaware

2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)
615 Lambson Lane, New Castle, DE 19720-2103

3a. Employer Representative - Name and Title
Jim Miller - Vice President and General Manager

3b. Address (If same as 2b - state same)
Same

3c. Tel. No.
302-656-4487

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
hjmiller@sgws.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Sales Distribution

4b. Principal product or service
Wine and Spirits

5a. City and State where unit is located:
See 2b

5b. Description of Unit Involved
Included: All sales representatives employed at 615 Lambson Lane, New Castle, DE 19720-2103.

Excluded: All other employees

6a. No. of Employees in Unit:
40

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☒ **7a. Request for recognition as Bargaining Representative was made on** (Date) 5/22/18 **and Employer declined recognition on or about** N/A (Date) (If no reply received, so state).

☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☐ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
6/15/18

11c. Election Time(s):
9-10 and 4-5

11d. Election Location(s):
at Employer's Facility

12a. Full Name of Petitioner (including local name and number)
UFCW Liquor Sales Union Local No. 2-D

12b. Address (street and number, city, state, and ZIP code)
8402 18th Avenue, Brooklyn, NY 11214

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
United Food and Commercial Workers International Union

12d. Tel No.
718-331-0030

12e. Cell No.

12f. Fax No.
718-331-2686

12g. E-Mail Address
vfyf@local2d.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title J. Warren Mangan, Esq. - Attorney

13b. Address (street and number, city, state, and ZIP code)
O'Connor & Mangan, P.C., 271 North Avenue, Suite 206, New Rochelle, NY 10801

13c. Tel No.
914-576-7630, Ext. 15

13d. Cell No.

13e. Fax No.
914-576-7682

13f. E-Mail Address
ocmlawyers@aol.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)
J. Warren Mangan

Title
Attorney for Petitioner

Date
May 22, 2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-220961	Date Filed 5/29/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
2a. Name of Employer Winslow Hot Mix LLC		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1435 Doughty Rd NJ Egg Harbor Township 08234-2229	
3a. Employer Representative - Name and Title Steve Kurtz		3b. Address (If same as 2b - state same) 1435 Doughty Rd NJ Egg Harbor Township 08234-2229	
3c. Tel. No. (609) 641-2781	3d. Cell No. (609) 457-0248	3e. Fax No. (609) 561-2540	3f. E-Mail Address skurtz@aestone.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Construction - Raw Materials		4b. Principal product or service asphalt products	5a. City and State where unit is located: Hammonton, NJ
5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details			6a. No. of Employees in Unit: 5 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No _____ If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): June 20, 2018	11c. Election Time(s): 7:00 AM	11d. Election Location(s): 784 Piney Hollow Road, Hammonton, NJ 08037	
12a. Full Name of Petitioner (including local name and number) Alex Kolbasowski International Union of Operating Engineers Local 825		12b. Address (street and number, city, state, and ZIP code) 65 Springfield Avenue Third Floor NJ Springfield 07081	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Union of Operating Engineers			
12d. Tel No. (973) 671-6900	12e. Cell No. (732) 540-3956	12f. Fax No. (973) 921-2918	12g. E-Mail Address akolbasowski@iuoe825.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Daniel Stark Esq. Attorney DeCotiis FitzPatrick Cole & Giblin LLP		13b. Address (street and number, city, state, and ZIP code) 500 Frank W. Burr Blvd. Suite 31 NJ Teaneck 07666	
13c. Tel No. (201) 347-2129	13d. Cell No. (201) 213-0458	13e. Fax No. (201) 928-0588	13f. E-Mail Address dastark@decotiislaw.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Daniel Stark Esq.	Signature Daniel Stark	Title Attorney	Date 05/29/2018 09:36:18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

Machine Operators, Plant Operators, Mechanics, Laborers, Quality Control.

Employees Excluded

All other employees, office clericals, guards, and supervisors as defined in the Act

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
04-RC-211149	5/31/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer E.F. Precision		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 2301 Computer Rd. Willow Grove	
2c. Employer Representative - Name and Title Bill Penecale Vice Pres.		2d. Address (if same as 2b - state same) SAME	
3a. Tel. No. 215-784-0881 & 215-449-3156	3b. Cell No.	3c. Fax No. 215-784-0858	3d. E-Mail Address bpenecale@efgroup.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Factory		4b. Principal product or service Machine shop and Production	
5a. Description of Unit Involved Included: All full time, regular part time and temporary, Shipping, Receiving, Assemblers, Drivers, Drivers, Lathes, Milling, Mechanics, Operators, Quality, PAI, Production workers, Shop employees, and Technicians Excluded: All Office Clerical, Professional, Managerial, Guards and Supervisors as defined in the Act.		5b. City and State where unit is located: Willow Grove PA	
6a. No. of Employees in Unit 29		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) (if no reply received, so state). Petition Serves as Demand			
<input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state)		8b. Address	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Arbitration, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **NO**. If so, approximately how many employees are participating? _____ (Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 1 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Date(s): **June 20, 2018**

11c. Election Time(s): **2:00 p.m. - 3:30 p.m. and 5:00 p.m. - 6:30 p.m.**

11d. Election Location(s): **Cafeteria**

12a. Full Name of Petitioner (including local name and number): **International Association of Machinists and Aerospace Workers, AFL-CIO District Lodge 1**

12b. Address (street and number, city, state, and ZIP code): **IAMAW 26 Court Street Suite 1710 Brooklyn N.Y. 11242**

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): **International Association of Machinists and Aerospace Workers, AFL-CIO**

12d. Tel. No.: **848-926-2910**

12e. Cell No.: **513-768-2313**

12f. Fax No.: **848-902-5720**

12g. E-Mail Address: **ladame@iamaw.org**

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title: **Andy Powell Organizer**

13b. Address (street and number, city, state, and ZIP code): **IAMAW 26 Court Street Suite 1710 Brooklyn N.Y. 11242**

13c. Tel. No.: **848-926-2910**

13d. Cell No.: **443-283-8772**

13e. Fax No.: **848-902-5720**

13f. E-Mail Address: **awpowell55@gmail.com**

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print): **Edward J. Kuss**

Signature: **Edward J. Kuss**

Title: **IAMAW Grand Lodge Representative**

Date: **May 31, 2018**

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Collection of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942.

As (Dec. 13, 2005). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 04-RC-221778	Date Filed 6/11/18
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INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Verizon Wireless		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 51 Wyoming Valley Road, Wilkes-Barre PA 18702	
3a. Employer Representative - Name and Title Penny Sue Freeman - Regional Store Director		3b. Address (If same as 2b - state same) 100 Southgate Parkway, Morristown, NJ 07960	
3c. Tel. No. 908-972-5584	3d. Cell No.	3e. Fax No.	3f. E-Mail Address penny.eberenz-freeman@verizon.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Retail Wireless Communications Store		4b. Principal product or service Wireless phone and product retailer	
4c. City and State where unit is located: Wilkes-Barre, PA		5a. City and State where unit is located: Wilkes-Barre, PA	

5b. Description of Unit Involved Included: All full-time and regular part-time solutions specialists employed by the Employer at its retail store at 51 Wyoming Valley Road, Wilkes-Barre, PA Excluded: All managers, assistant managers, guards and supervisors as defined in the Act.		6a. No. of Employees in Unit: 9	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 6/11/18 and Employer declined recognition on or about no reply (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
None

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): June 27, 2018	11c. Election Time(s): 9:00 a.m. to 9:30 a.m.	11d. Election Location(s): Equipment Storeroom
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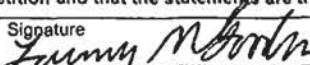
12a. Full Name of Petitioner (including local name and number) Communications Workers of America	12b. Address (street and number, city, state, and ZIP code) 9602 Martin Luther King, Jr., Highway, Suite D, Lanham, MD 20706
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Communications Workers of America, AFL-CIO, CLC	

12d. Tel No. (301) 429-2500	12e. Cell No.	12f. Fax No. (301) 429-2501	12g. E-Mail Address jcosgrove@cwa-union.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Laurence M. Goodman, Legal Counsel	13b. Address (street and number, city, state, and ZIP code) 1845 Walnut Street, 24th Floor, Philadelphia, PA 19103
13c. Tel No. (215) 656-3608	13d. Cell No.
13e. Fax No. (215) 561-5135	13f. E-Mail Address lgoodman@wwdlaw.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Laurence M. Goodman	Signature 	Title Legal Counsel	Date June 11, 2018
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 04-RC-221982	Date Filed 6-14-18
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INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Ryder	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 430 Horsham Rd PA Horsham 19044-2012
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3a. Employer Representative - Name and Title David Takala	3b. Address (if same as 2b - state same) 430 Horsham Rd PA Horsham 19044-2012
---	--

3c. Tel. No. (215) 672-0631	3d. Cell No.	3e. Fax No. (215) 675-5607	3f. E-Mail Address dtakala@ryder.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Trucking	4b. Principal product or service Truck Repair and Rentals	5a. City and State where unit is located: Horsham, PA
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5b. Description of Unit Involved Included: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 9
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Excluded: See Attached Page 2 for additional details	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Check One: ☒ **7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (if no reply received, so state).**

☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).	8b. Address
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8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (if none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): July 12th	11c. Election Time(s): 2pm	11d. Election Location(s): Employer Facility
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12a. Full Name of Petitioner (including local name and number) Frank Bankard International Union of Operating Engineers Local 542	12b. Address (street and number, city, state, and ZIP code) 1375 Virginia Drive PA Fort Washington 19034
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Union of Operating Engineers Local 542 AFL-CIO

12d. Tel No. (267) 784-7744	12e. Cell No. (267) 784-7744	12f. Fax No. (215) 542-7557	12g. E-Mail Address oe542@yahoo.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title	13b. Address (street and number, city, state, and ZIP code)
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13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Frank Bankard	Signature Frank Bankard	Title Organizer	Date 06/13/2018 11:08:06
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

Employees Included
Technicians, Fuelers,

Employees Excluded
Managers, Clericals, Parts Person and Guards

DO NOT WRITE IN THIS SPACE	
Case 04-RC-221982	Date Filed 6-14-18

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

04-RC-222178

Date Filed

6/18/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Ryder Integrated Logistics, LLC		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 9617 Florida Mining Blvd., Jacksonville, FL 32257	
3a. Employer Representative - Name and Title Laura Mondulick, Human Resources Manager		3b. Address (if same as 2b - state same) Same	
3c. Tel. No. 904-268-7099 ext. 3	3d. Cell No.	3e. Fax No. 904-260-7537	3f. E-Mail Address Laura_Mondulick@ryder.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Production		4b. Principal product or service Freight Hauling	5a. City and State where unit is located: Reading, PA
5b. Description of Unit Involved Included: All full-time and regular part-time drivers and jockeys employed by the Employer at its 1101 Schuylkill Ave., Reading, Pennsylvania location Excluded: All office clerical employees, guards and supervisors as defined in the Act			6a. No. of Employees in Unit: 15 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) None and Employer declined recognition on or about N/A (Date) (if no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state). None		8b. Address	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (if none, so state)
None

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): July 9, 2018	11c. Election Time(s): 4 am to 6 am; 4 pm to 6 pm	11d. Election Location(s): Dispatch Office
12a. Full Name of Petitioner (including local name and number) Teamsters Local Union No. 429		12b. Address (street and number, city, state, and ZIP code) 1055 Spring Street, Wyomissing, PA 19610


12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Brotherhood of Teamsters

12d. Tel No. 610-320-9229	12e. Cell No. 610-914-7919	12f. Fax No. 610-320-9219	12g. E-Mail Address jgeise@teamsterslocal429.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Laurence M. Goodman, Legal Counsel		13b. Address (street and number, city, state, and ZIP code) Willig, Williams & Davidson, 1845 Walnut Street, 24th Floor, Philadelphia, PA 19103	
13c. Tel No. 215-656-3608	13d. Cell No.	13e. Fax No. 215-561-5135	13f. E-Mail Address lgoodman@wwdlaw.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Laurence M. Goodman	Signature 	Title Legal Counsel	Date June 18, 2018
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

04-RC-222529

Date Filed

6-22-18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer:
Cellco Partnership d/b/a/ Verizon Wireless

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
106 Laurel Mall, Space K 12
Hazleton, PA 18202

3a. Employer Representative - Name and Title:
Penny Sue Freeman- Regional Store Manager

3b. Address (if same as 2b - state same):
100 Southgate Parkway, Morristown, NJ 07960

3c. Tel. No.
908-972-5584

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
penny.eberenz-freeman@verizon.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Retail Wireless Communications Store

4b. Principal Product or Service
Wireless phones and products

5a. City and State where unit is located:
Hazleton, PA

5b. Description of Unit Involved:

Included:

All f/t and reg. p/t solutions specialists employed by the Employer at its Laurel Mall retail store.

Excluded:

All other employees, managers, asst. managers, guards and supervisors as defined in the Act

6a. Number of Employees in Unit:

7

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ No

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 6/22/18 and Employer declined recognition on or about (Date) none (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state)
None

8b. Address:

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any:

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name
None

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:

11a. Election Type:
☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
July 5, 2018

11c. Election Time(s):
12:00 pm to 1:00 pm

11d. Election Location(s):
To be determined by Regional Director

12a. Full Name of Petitioner (including local name and number):
Communications Workers of America

12b. Address (street and number, city, State and ZIP code):
230 South Broad Street, 19th Floor
Philadelphia, PA 19102

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
Communications Workers of America, AFL-CIO, CLC

12d. Tel. No.
215-546-5574

12e. Cell No.

12f. Fax No.
215-985-2102

12g. E-Mail Address
organizer@cwalocal13000.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title:
Laurence M. Goodman, Legal Counsel

13b. Address (street and number, city, State and ZIP code):
Willig, Williams & Davidson, 1845 Walnut Street, 24th Floor, Philadelphia, PA 19103

13c. Tel. No.
215-656-3608

13d. Cell No.

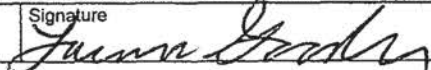
13e. Fax No.
215-561-5135

13f. E-Mail Address
lgoodman@wwdlaw.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)
Laurence M. Goodman

Signature



Title
Legal Counsel

Date
6/22/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

04-RC-222749

Date Filed

6/25/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
2a. Name of Employer: Six Flags Great Adventure		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1 Six Flags Boulevard, Jackson NJ 08527 PO Box 120 Jackson, NJ 08527	
3a. Employer Representative - Name and Title: Edward Zakar, Safety Manager		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. (732)928-2000 X2602	3d. Cell No.	3e. Fax No. (732)928-4083	3f. E-Mail Address ezakar@sftp.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Theme Park, Ambulance Service		4b. Principal Product or Service EMS Ambulance Service	
5b. Description of Unit Involved: Included: All Emergency Medical Technicians Excluded: management, firefighters, members of UH Local 54, and all others		5a. City and State where unit is located: Jackson NJ	
6a. Number of Employees in Unit: 25		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 06/18/18 and Employer declined recognition on or about (Date) none (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) none		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) has picketed the Employer since (Month, Day, Year)			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) none			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: mail ballot election, 10 days after receipt of voter list and contact information		11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s):	11c. Election Time(s):	11d. Election Location(s):	
12a. Full Name of Petitioner (including local name and number): International Association Of EMT's and Paramedics		12b. Address (street and number, city, State and ZIP code): 159 Burgin Parkway, Quincy MA 02169	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Association Of EMT's and Paramedics/NAGE/SEIU Local 5000			
12d. Tel. No. (617)376-0220	12e. Cell No.	12f. Fax No. (617)984-5695	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Frank Wagner, National Representative		13b. Address (street and number, city, State and ZIP code): PO Box 19, Elizabeth NJ 07207	
13c. Tel. No. (732)485-6799	13d. Cell No.	13e. Fax No. (617)984-5695	13f. E-Mail Address fwagner@nage.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Frank Wagner	Signature	Title National Representative	Date 06/22/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

04-RC-223261

Date Filed

July 9, 2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Tire Hub LLC		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 409 S Carlisle St PA Allentown 18109-2770	
3a. Employer Representative - Name and Title Mark Schneider		3b. Address (If same as 2b - state same) 1300 IDS Center 80 South 8th street MN Minneapolis 55402-2136	
3c. Tel. No. (612) 313-7634	3d. Cell No. (612) 812-9012	3e. Fax No. (651) 305-1067	3f. E-Mail Address mschneider@littler.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Auto & Truck Parts		4b. Principal product or service Delivery of Tires	
5a. City and State where unit is located: Allentown, PA		5b. Description of Unit Involved	
Included: See Attached Page 2 for additional details		6a. No. of Employees in Unit: 10	
Excluded: See Attached Page 2 for additional details		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): 7/26/18	11c. Election Time(s): TBD	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11d. Election Location(s): Employers address location inside building TBD		12b. Address (street and number, city, state, and ZIP code) 3614 Lehigh St PA Whitehall 18052-3401

12a. Full Name of Petitioner (including local name and number)
Brian Andrew Taylor
Teamster Local 773

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Brotherhood of Teamsters

12d. Tel No. (610) 841-3281	12e. Cell No. (484) 714-5414	12f. Fax No. (610) 770-9581	12g. E-Mail Address btaylor@teamster773.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Brian Andrew Taylor	Signature Brian A. Taylor	Title Business Agent	Date 07/5/2018 12:03:02
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

All full-time and regular part-time delivery drivers

Employees Excluded

All other employees including but not limited to managers, supervisors, first level supervisors and guards as defined in the act

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

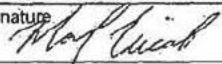
04-RC-223720

Date Filed

7/13/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Penn State Milton S. Hershey Medical Center		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 500 University Drive Hershey PA 17033	
3a. Employer Representative - Name and Title: Mariann Kreiser, Human Resource Business Partner		3b. Address (if same as 2b - state same): same	
3c. Tel. No. 717-531-5345	3d. Cell No.	3e. Fax No. 717-531-4021	3f. E-Mail Address mkreiser7@pennstatehealth.psu.edu
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hospital		4b. Principal Product or Service Medical Services	5a. City and State where unit is located: Hershey, Pennsylvania
5b. Description of Unit Involved: Included: All regular full time Surgical Technologist (Petitioner is seeking self determination election) Excluded: supervisors and guards as defined in the Act			6a. Number of Employees in Unit: 73 additional employees 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) July 13, 2018 and Employer declined recognition on or about (Date) no reply (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) Teamsters Local 776		8b. Address: 2552 Jefferson Street Harrisburg, PA 17110	
8c. Tel. No. 717-233-8766	8d. Cell No.	8e. Fax No. 717-233-6023	8f. E-Mail Address
8g. Affiliation, if any: International Brotherhood of Teamsters		8h. Date of Recognition or Certification Voluntarily recognized unit of ap	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 6/30/2019
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) has picketed the Employer since (Month, Day, Year)			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above, (if none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): August 8, 2018	11c. Election Time(s): 6:00am - 8:00am & 2:00 pm - 4:00 pm	11d. Election Location(s): Auditorium Anti-room in Hershey Medical Center	
12a. Full Name of Petitioner (including local name and number): Teamsters Local Union No. 776		12b. Address (street and number, city, State and ZIP code): 2552 Jefferson Street Harrisburg PA 17110	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters			
12d. Tel. No. 717-233-8766	12e. Cell No.	12f. Fax No. 717-233-6023	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Mark Cicak, Organizer		13b. Address (street and number, city, State and ZIP code): 2552 Jefferson Street Harrisburg PA 17110	
13c. Tel. No. 717-233-8766	13d. Cell No. 717-645-2674	13e. Fax No.	13f. E-Mail Address markcicak@gmail.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Mark Cicak	Signature 	Title Organizer	Date 7/13/2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. **04-RC-223914** Date Filed **7/18/18**

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Sunbelt Rentals, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 399 N Virginia Ave NJ Carneys Point 08069-1148	
3a. Employer Representative - Name and Title Scott Wistar		3b. Address (If same as 2b - state same) 399 N Virginia Ave NJ Carneys Point 08069-1148	
3c. Tel. No. (609) 209-0294	3d. Cell No.	3e. Fax No.	3f. E-Mail Address scott@wistar.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Construction Services		4b. Principal product or service Construction Equipment Rental	
		5a. City and State where unit is located: Penns Grove, NJ	

5b. Description of Unit Involved		6a. No. of Employees in Unit: 14
Included: See Attached Page 2 for additional details		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Excluded: See Attached Page 2 for additional details		

Check One: ☒ **7a.** Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): August 8, 2018	11c. Election Time(s): 9:00 A.M.	11d. Election Location(s): 399 N Virginia Ave, Carney's Point, NJ 08069
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12a. Full Name of Petitioner (including local name and number) Pat Hjelm International Union of Operating Engineers Local 825	12b. Address (street and number, city, state, and ZIP code) 65 Springfield Avenue 3rd Floor NJ Springfield 07081
--	---

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Union of Operating Engineers			
12d. Tel No. (973) 671-6962	12e. Cell No. (201) 572-6658	12f. Fax No. (973) 921-2918	12g. E-Mail Address phjelm@iuoe825.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Daniel Stark Esq. Attorney DeCotiis FitzPatrick Cole & Giblin		13b. Address (street and number, city, state, and ZIP code) 500 Frank W. Burr Blvd. Suite 31 NJ Teaneck 07666	
13c. Tel No. (201) 347-2129	13d. Cell No. (201) 213-0458	13e. Fax No. (201) 928-0588	13f. E-Mail Address dastark@decotiislaw.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Daniel Stark Esq.	Signature Daniel Stark	Title Attorney	Date 07/18/2018 10:58:28
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

DO NOT WRITE IN THIS SPACE

Case

Date Filed

Attachment

Employees Included
Mechanics, Drivers, and Yard Workers

Employees Excluded
All other employees, office clericals, guards, and supervisors as defined by the ACT

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-224222	Date Filed 7/23/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer New Jersey American Water		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3215 Fire Rd NJ Egg Harbor Township 08234-5857	
3a. Employer Representative - Name and Title Kevin Brown		3b. Address (If same as 2b - state same) 3215 Fire Rd NJ Egg Harbor Township 08234-5857	
3c. Tel. No. (609) 513-3732	3d. Cell No.	3e. Fax No.	3f. E-Mail Address kevin.brown@amwater.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Water Utilities		4b. Principal product or service Water	5a. City and State where unit is located: Egg Harbor Township, NJ

5b. Description of Unit Involved		6a. No. of Employees in Unit: 32
Included: See Attached Page 2 for additional details		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Excluded: See Attached Page 2 for additional details		

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). BJ 32 SEIU Kevin Brown		8b. Address 570 Broad Street 10th Floor NJ Newark 07102	
8c. Tel No. (973) 623-8131	8d. Cell No. (917) 596-4298	8e. Fax No. (973) 623-8602	8f. E-Mail Address kbrown@seiu32bj.org
8g. Affiliation, if any SEIU		8h. Date of Recognition or Certification 10/15/2015	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 10/14/2018

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No ☒ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): Wednesdays; 8/1 or 8/8	11c. Election Time(s): 9:00 a.m.	11d. Election Location(s): 3215 Fire Road, Egg Harbor Township, NJ 08234
12a. Full Name of Petitioner (including local name and number) Michael Watts Water Workers Union Local 99		12b. Address (street and number, city, state, and ZIP code) PO Box 2045 NJ Cinnaminson 08077-5045

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)

12d. Tel No. (856) 718-4218	12e. Cell No.	12f. Fax No.	12g. E-Mail Address michael.watts@amwater.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Eve R Keller Esq. Attorney Folkman Law Offices, P.C.		13b. Address (street and number, city, state, and ZIP code) 1949 Berlin Rd STE. 100 NJ Cherry Hill 08003-3737	
13c. Tel No. (856) 354-9444	13d. Cell No.	13e. Fax No. (856) 354-9776	13f. E-Mail Address evekeller@folkmanlaw.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Eve R Keller Esq.	Signature Eve R. Keller, Esq.	Title Attorney	Date 07/23/2018 11:59:09
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

All production workers, customer service personnel (FSR), meter readers, utility mechanics, inspectors, stock clerks and shift workers located at 3215 Fire Road, Egg Harbor Township, NJ.

Employees Excluded

All office clerical employees and supervisors; all other workers not employed at 3215 Fire Road, Egg Harbor Township, NJ.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

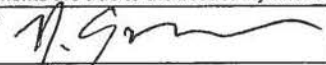
04-RC-225117

Date Filed

8/7/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Taylor Farms		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 406 Heron Drive # A Swedesboro, NJ 08085	
3a. Employer Representative - Name and Title: James Bryan, President		3b. Address (if same as 2b - state same): Same as 2 b.	
3c. Tel. No. 856-241-0097	3d. Cell No.	3e. Fax No.	3f. E-Mail Address jbrayn@taylorfarms.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Packing/processing		4b. Principal Product or Service Agricultural Products	
5a. City and State where unit is located: Swedesboro, NJ		5b. Description of Unit Involved: Included: All full-time and regular part-time delivery drivers and jockeys Excluded: All other employees, guards and supervisors as defined by the Act	
6a. Number of Employees in Unit: 14		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) August 2, 2018 and Employer declined recognition on or about (Date) no reply (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (if none, so state) None			
10a. Name		10b. Address	10c. Tel. No.
			10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): August 7, 2018		11c. Election Time(s): 7am-7:30 am	
11d. Election Location(s): Employee lunchroom			
12a. Full Name of Petitioner (including local name and number): Teamsters Local 929		12b. Address (street and number, city, State and ZIP code): 4345 Frankford Ave, Philadelphia Pa. 19124	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters			
12d. Tel. No. 215-288-1430	12e. Cell No.	12f. Fax No. 215-288-8128	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Neal Goldsein, Esq.		13b. Address (street and number, city, State and ZIP code): 1601 Market Street, Suite 1500, Philadelphia, PA 19103	
13c. Tel. No. 215-931-2530	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Neal Goldstein	Signature 	Title Attorney	Date 8/2/2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
04-RC-225455Date Filed
8/10/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position Form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer:
Advance Stores Co., Inc. d/b/a Advance Auto Parts

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
9755 Commerce Circle, Kutztown, PA 19530

3a. Employer Representative - Name and Title:
Mark Nguyen, Plant Manager

3b. Address (if same as 2b - state same):
same

3c. Tel. No.
610-285-5720

3d. Cell No.

3e. Fax No.
610-285-5781

3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Warehouse

4b. Principal Product or Service
Auto parts

5a. City and State where unit is located:
Kutztown, PA

6a. Description of Unit Involved:
Included:
See attached description.

6a. Number of Employees in Unit:
450

Excluded:
Office clericals, management employees, guards, and supervisors.

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ No

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____. (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state)

8b. Address:

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any:

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of Labor Organization) _____ has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:

11a. Election Type:

☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
September 14, 2018

11c. Election Time(s):
6 pm to 9 pm

11d. Election Location(s):
Conference Room A, 9755 Commerce Circle

12a. Full Name of Petitioner (including local name and number):
Professional and Public Service Employees, Local Union 1310

12b. Address (street and number, city, State and ZIP code):
317 N. Washington St.
Wilkes-Barre, PA 18705

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
Laborers' International Union of North America, AFL-CIO

12d. Tel. No.
570-826-1300

12e. Cell No.

12f. Fax No.
570-826-1766

12g. E-Mail Address

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title:
Brian Petruska, Counsel

13b. Address (street and number, city, State and ZIP code):
11951 Freedom Dr., Rm. 310
Reston, VA 20190

13c. Tel. No.
703-860-4194

13d. Cell No.

13e. Fax No.
703-860-1865

13f. E-Mail Address
bpetruska@aliuna.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)
Brian Petruska

Signature

Brian Petruska

Title
Counsel

Date
08/10/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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5b. Description of Unit Involved:

All full-time and regular part-time General Warehouse Workers, Battery Room Utility Techs. Clerk II employees, Maintenance I, II, III employees, Forklift Technician, Maintenance Team Leads, Service Workers, and Switchers employed the Employer at its 9755 Commerce Circle, Kutztown, PA facility.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

04-RC-225839

Date Filed

8/17/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
Jefferson Frankford Hospital

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
4900 Frankford Avenue, Philadelphia, PA 19124

3a. Employer Representative - Name and Title
Karen Sobczak

3b. Address (If same as 2b - state same)
Same

3c. Tel. No.
215-831-2000

3d. Cell No.
215-831-2302

3e. Fax No.

3f. E-Mail Address
karen.sobczak@jefferson.edu

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Hospital

4b. Principal product or service
Hospital

5a. City and State where unit is located:
Philadelphia, PA

5b. Description of Unit Involved

Included: **All full-time and regular part-time Maintenance/Engineering employees at Jefferson Frankford Hospital.**
Excluded: **All other employees, managers, guards and supervisors as defined in the Act.**

6a. No. of Employees in Unit:
8

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) **8/17/18** and Employer declined recognition on or about **No Reply** (Date) (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).
None

8b. Address

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **No** If so, approximately how many employees are participating? _____

(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) **None**

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
September 12, 2018

11c. Election Time(s):
3:30-4:30 p.m.

11d. Election Location(s):
conference room on site

12a. Full Name of Petitioner (Including local name and number)
IBEW Local 98

12b. Address (street and number, city, state, and ZIP code)
1701 Spring Garden St., Philadelphia, PA 19130

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Brotherhood of Electrical Workers

12d. Tel. No.
215-563-5592

12e. Cell No.
215-964-4280

12f. Fax No.
215-561-2168

12g. E-Mail Address
cmurphy@ibew98.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title
Cassie R. Ehrenberg, Esquire

13b. Address (street and number, city, state, and ZIP code)
325 Chestnut Street, Suite 200, Philadelphia, PA 19103

13c. Tel. No.
215-735-9099

13d. Cell No.

13e. Fax No.
215-640-3201

13f. E-Mail Address
cehrenberg@cjtllaw.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)
Cassie R. Ehrenberg

Signature

Title
Attorney

Date
8/17/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

04-RC-226192

Date Filed

8/23/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
Berkshire Mechanical

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
2729 Leiscz Bridge Road, Leesport, PA 19533

3a. Employer Representative - Name and Title
Michael McDermott, President

3b. Address (if same as 2b - state same)
same

3c. Tel. No.
610-921-9500x4303

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
Michael.McDermott@berkshiramechanical.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
service technicians

4b. Principal product or service
Heating, air conditioning and other services

5a. City and State where unit is located:
Leesport, PA

5b. Description of Unit Involved
Included: **All full-time and regular part-time HVAC service technicians employed by Berkshire Mechanical.**
Excluded: **All other employees, guards and supervisors as defined in the Act.**

6a. No. of Employees in Unit:
14

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) **8/17/18** and Employer declined recognition on or about **No reply** (Date) (if no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).
None

8b. Address

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **N/A** If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
None

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
September 13, 2018

11c. Election Time(s):
7:00 a.m. - 8:00 a.m.

11d. Election Location(s):
Conference Room on site

12a. Full Name of Petitioner (including local name and number)
Steamfitters Local 420

12b. Address (street and number, city, state, and ZIP code)
14420 Townsend Rd., Philadelphia, PA 19154

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
United Association of Journeymen and Apprentices of the Plumbing and Pipe Fitting Industry of the US and Canada

12d. Tel. No.
267-350-4200

12e. Cell No.
267-431-5181

12f. Fax No.

12g. E-Mail Address
PSheridan@lu420.com

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title
Cassie R. Ehrenberg, Esquire

13b. Address (street and number, city, state, and ZIP code)
325 Chestnut Street, Suite 200, Philadelphia, PA 19106

13c. Tel. No.
215-735-9099

13d. Cell No.

13e. Fax No.
215-640-3201

13f. E-Mail Address
cehrenberg@cjtllaw.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)
Cassie R. Ehrenberg

Signature

Title
Attorney

Date
August 23, 2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.	04-RC-226966	Date Filed	9/07/18
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INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer KME/Rev group	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) One Industrial Complex PA Nesquehoning 18240-
--	--

3a. Employer Representative - Name and Title Bob Beck	3b. Address (If same as 2b - state same) One Industrial Complex PA Nesquehoning 18240-
---	---

3c. Tel. No. (570) 669-5574	3d. Cell No.	3e. Fax No. (570) 669-5121	3f. E-Mail Address bbeck@knefire.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Auto & Truck Manufacturers	4b. Principal product or service Building firetrucks	5a. City and State where unit is located: Nesquehoning, PA
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5b. Description of Unit Involved Included: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 350
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Excluded: See Attached Page 2 for additional details	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).

☒ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).	8b. Address
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8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): 10/03/18	11c. Election Time(s): 2pm to 5pm	11d. Election Location(s): employers address actual room to be decided
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12a. Full Name of Petitioner (including local name and number) Brian A Taylor Teamster Local 773	12b. Address (street and number, city, state, and ZIP code) 3614 Lehigh St PA Whitehall 18052-3401
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Brotherhood of Teamsters

12d. Tel No. (484) 714-5414	12e. Cell No. (484) 714-5414	12f. Fax No. (610) 770-9581	12g. E-Mail Address btaylor@teamster773.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title	13b. Address (street and number, city, state, and ZIP code)
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13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Brian A Taylor	Signature Brian A. Taylor	Title Business Agent/Organizer	Date 09/7/2018 13:41:36
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case 04-RC-226966	Date Filed 9/07/18

Employees Included

All full-time and regular part-time blue collar non-professional employees including but not limited to;

Employees Excluded

All other employees including Managers, supervisors and guards as defined in the act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 04-RC-227141

Date Filed 9/12/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Silgan Containers manufacturing		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 8201 Industrial Blvd PA Breinigsville 18031-1241	
3a. Employer Representative - Name and Title John Robbins		3b. Address (If same as 2b - state same) 8201 Industrial Blvd PA Breinigsville 18031-1241	
3c. Tel. No. (484) 223-3189	3d. Cell No. (315) 398-9725	3e. Fax No. (484) 223-0284	3f. E-Mail Address jrobbins@silgancontainers.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Misc. Fabricated Products		4b. Principal product or service can manufacturer	
5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details			5a. City and State where unit is located: Breinigsville, PA
			6a. No. of Employees in Unit: 17
			6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☒ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).		8b. Address	
8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name		10b. Address		10c. Tel. No.		10d. Cell No.	
				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.				11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): 10/4/18		11c. Election Time(s): 9 am		11d. Election Location(s): Employers address actual room to be decided			
12a. Full Name of Petitioner (including local name and number) Brian A Taylor Brian A Taylor				12b. Address (street and number, city, state, and ZIP code) 3614 Lehigh St PA Whitehall 18052-3401			
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) PA							
12d. Tel No. (484) 714-5414		12e. Cell No. (484) 714-5414		12f. Fax No.		12g. E-Mail Address btaylor@teamster773.org	

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Brian A Taylor	Signature Brian A. Taylor	Title	Date 09/11/2018 15:01:32
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
04-RC-227141	9/12/18

Employees Included

All full-time and regular part-time blue collar non-professional employees including but not limited to; Machinists, forklift operators, mechanics, palletizers, general laborers and industrial electricians.

Employees Excluded

All other employees including Managers, Supervisors and guards as defined in the act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

04-RC-227202

9/12/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Philadelphia Wholesale Produce Market		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 6700 Essington Avenue PA Philadelphia 19153-	
3a. Employer Representative - Name and Title George Binck		3b. Address (If same as 2b - state same) 6700 Essington Avenue PA Philadelphia 19153-	
3c. Tel. No. (215) 336-3003	3d. Cell No.	3e. Fax No.	3f. E-Mail Address gbinck@procaccibrothers.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Others		4b. Principal product or service Produce	
5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details		5a. City and State where unit is located: Philadelphia, PA	
		6a. No. of Employees in Unit: 3	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☒ **7a.** Request for recognition as Bargaining Representative was made on (Date) 09/05/2018 and Employer declined recognition on or about _____ (Date) (If no reply received, so state). No reply received

☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): September 17, 2018	11c. Election Time(s): 8:30 a.m.	11d. Election Location(s): 6700 Essington Avenue, Philadelphia, PA 19153
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12a. Full Name of Petitioner (including local name and number) Rocky Bryan Jr. Teamsters Local 929	12b. Address (street and number, city, state, and ZIP code) 4345 Frankford Avenue PA Philadelphia 19124-
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Brotherhood of Teamsters

12d. Tel No. (215) 288-1430	12e. Cell No.	12f. Fax No. (215) 288-8128	12g. E-Mail Address rocky.bryan@teamsterslocal929.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Neal Goldstein Attorney Freedman & Lorry, P.C.		13b. Address (street and number, city, state, and ZIP code) 1601 Market St Suite 1500 PA Philadelphia 19103-2316	
13c. Tel No. (215) 931-2530	13d. Cell No.	13e. Fax No. (215) 925-7516	13f. E-Mail Address ngoldstein@freedmanlorry.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Neal Goldstein	Signature Neal Goldstein	Title Attorney	Date 09/6/2018 13:03:34
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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DO NOT WRITE IN THIS SPACE

Case

Date Filed

Attachment

Employees Included

All full-time and regular part-time office clerical employees

Employees Excluded

All other employees, including guards and supervisors as defined in the Act.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

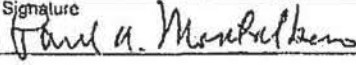
04-RC-227216

Date Filed

9/12/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: PSC Industrial Outsourcing LP		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 900 Industrial Drive, Chesilhurst, NJ 08089	
3a. Employer Representative - Name and Title: Timothy J. Gaudet		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 313-749-3011	3d. Cell No.	3e. Fax No.	3f. E-Mail Address tim.gaudet@Hydrochempsc.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Shop/yard		4b. Principal Product or Service Industrial Services	
5a. City and State where unit is located: Chesilhurst, NJ 08089		5b. Description of Unit Involved: Included: All full time and part time Operators, Technicians and Team Leaders Excluded: All managers, supervisors, salesman, guards, and all other employees	
6a. Number of Employees in Unit: 7		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state)		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____ has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: Demand for recognition made on 9/7/18, rejected		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): September 25, 2018	11c. Election Time(s): between 6:30 a.m.-8:00 a.m.	11d. Election Location(s):	
12a. Full Name of Petitioner (including local name and number): International Brotherhood of Teamsters, Local 560		12b. Address (street and number, city, State and ZIP code): 707 Summit Avenue, Union City, NJ 07087	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters			
12d. Tel. No. 201-864-0051	12e. Cell No.	12f. Fax No. 201-864-4177	12g. E-Mail Address NJayme@IBTLocal560.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Paul A. Montalbano, Esq.		13b. Address (street and number, city, State and ZIP code): 669 River Drive, Suite 125, Elmwood Park, NJ 07407	
13c. Tel. No. 9082988800	13d. Cell No. 2013108565	13e. Fax No. 9082989333	13f. E-Mail Address montalbanoemail@yahoo.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Paul A. Montalbano	Signature 	Title Legal Counsel	Date 9/12/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

04-RC-228558

Date Filed

10/3/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: XPO Logistics		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1403 Industrial Highway Cinnaminson, NJ 08077	
3a. Employer Representative - Name and Title: Justin Koch, Service Center Manager		3b. Address (if same as 2b - state same): 1403 Industrial Highway Cinnaminson, NJ 08077	
3c. Tel. No. (856) 786-7211	3d. Cell No. (717) 375-8531	3e. Fax No.	3f. E-Mail Address justin.koch@xpo.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Transportation		4b. Principal Product or Service Pick Up & Delivery/Warehouse	5a. City and State where unit is located: Cinnaminson, NJ
5b. Description of Unit Involved: Included: All Full-time and Regular Part-Time road and city driver Excluded: All other employees including dock, office clerical, maintenance, supervisors & guards as defined in the act.			6a. Number of Employees in Unit: 24
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>N/A</u> and Employer declined recognition on or about (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state)		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>N/A</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:			11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): October 25, 2018		11c. Election Time(s): 5:00-10:30/17:00 to 19:30	
11d. Election Location(s): XPO Locker Room			
12a. Full Name of Petitioner (including local name and number): Teamsters Local 107		12b. Address (street and number, city, State and ZIP code): 12275 Townsend Road Phila., PA 19154	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters			
12d. Tel. No. 215-552-0070	12e. Cell No. 484-620-9358	12f. Fax No. 215-552-0071	12g. E-Mail Address cbuschmeier@teamsters107.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Chris Buschmeier, Trustee		13b. Address (street and number, city, State and ZIP code): 122275 Townsend Road Phila., PA 19154	
13c. Tel. No. 215-552-00070	13d. Cell No. 484-620-9358	13e. Fax No. 215-552-0071	13f. E-Mail Address cbuschmeier@teamsters107.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Chris Buschmeier		Signature 	Title Trustee
			Date 10/2/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

04-RC-229155

Date Filed

10/12/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 5b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: First Transit Philadelphia- Wheatsheaf Lane		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2500 Wheatsheaf Lane, Philadelphia, PA 19137	
3a. Employer Representative - Name and Title: Doug Hart, General Manager		3b. Address (if same as 2b - state same): 2500 Wheatsheaf Lane, Philadelphia, PA 19137	
3c. Tel. No. 484-239-1490	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Doug.Hart@firstgroup.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Para - Transportation Services		4b. Principal Product or Service Para - Transportation Services	
5a. City and State where unit is located: Philadelphia, PA		5b. Description of Unit Involved: Included: All full time and regular part-time Road Supervisors at the Wheatsheaf Lane facility Excluded: All other employees, including clericals, dispatchers, schedulers, vehicle mechanics, guards and supervisors as defined in the Act.	
6a. Number of Employees in Unit: 8		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date): _____ and Employer declined recognition on or about (Date): _____ (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state) NONE		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of Labor Organization) _____ has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: _____
11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): Oct. 30, 2018	11c. Election Time(s): 12:00 noon - 1:00 p.m.	11d. Election Location(s): Drivers room - 1st Floor
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12a. Full Name of Petitioner (including local name and number): Local 726, IUJAT	12b. Address (street and number, city, State and ZIP code): 93 Lake Avenue, Suite 102, Danbury, CT 06810
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):

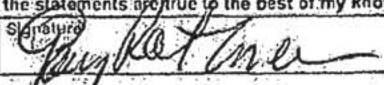
International Union of Journeymen and Allied Trades

12d. Tel. No. 203-25-0101	12e. Cell No.	12f. Fax No. 203-205-0006	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title: Gary P. Rothman, Esq.		13b. Address (street and number, city, State and ZIP code): Attorney for Local 726, IUJAT	
13c. Tel. No. 914-478-2801	13d. Cell No.	13e. Fax No. 914-478-2913	13f. E-Mail Address grothman@rothmanrocco.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Gary P. Rothman	Signature 	Title Attorney for Local 726, IUJAT	Date 10/12/18
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.


04-RC-229247

Date Filed

10/16/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Shore Toyota		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 4236 E Black Horse Pike, Mays Landing, NJ 08330	
3a. Employer Representative - Name and Title: Mark Bruschi, General Manager		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 844-338-9967	3d. Cell No. Unknown	3e. Fax No. Unknown	3f. E-Mail Address markb@shoretoyota.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Automobile Dealership		4b. Principal Product or Service Automotive Repair	5a. City and State where unit is located: Mays Landing, NJ
5b. Description of Unit Involved: Included: All full and part-time, flat rate and hourly technicians Excluded: All other employees			6a. Number of Employees in Unit: 24 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. <i>Petition serves as demand</i>			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:			11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): October 31, 2018		11c. Election Time(s): 11:00 A.M. - 3:00 P.M.	
11d. Election Location(s): Break Room			
12a. Full Name of Petitioner (including local name and number): International Association of Machinists and Aerospace Workers, AFL-CIO, District Lodge 15		12b. Address (street and number, city, State and ZIP code): 652 4th Ave, Brooklyn, NY 11232	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Association of Machinists and Aerospace Workers, AFL-CIO			
12d. Tel. No. (718) 422-0090	12e. Cell No. (917) 842-6701	12f. Fax No. (718) 422-0177	12g. E-Mail Address iamdt57@gmail.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Nicholas A. Scotto, Special Representative, Eastern Territory, IAMAW		13b. Address (street and number, city, State and ZIP code): 26 Court St, Suite 1710, Brooklyn, NY 11242	
13c. Tel. No. (646) 926-2910	13d. Cell No. (631) 219-4116	13e. Fax No. 646-902-5720	13f. E-Mail Address nscotto@iamaw.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Nicholas A. Scotto		Signature 	Title Special Representative
			Date 10/15/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION


DO NOT WRITE IN THIS SPACE

Case No. 04-RC-229254

Date Filed
10-16-18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Jinny Beauty Supply		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2704 Cindel Drive, Cinnaminson, NJ 08077	
3a. Employer Representative - Name and Title: Julie Ahn, Title Unknown		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 856-544-9150	3d. Cell No. Unknown	3e. Fax No. 856-303-0050	3f. E-Mail Address jlee@jinny.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Factory		4b. Principal Product or Service Beauty Supply	5a. City and State where unit is located: Cinnaminson, NJ
5b. Description of Unit Involved: Included: Drivers and Warehouse workers/Pickers Excluded: All other employees			6a. Number of Employees in Unit: 16
			6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <i>Petitioner Serves as Demand</i> <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:			11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): November 5, 2018		11c. Election Time(s): 8:30 A.M. - 9:30 A.M.	11d. Election Location(s): Employee Lunch Room
12a. Full Name of Petitioner (including local name and number): International Association of Machinists and Aerospace Workers; AFL-CIO, Local Lodge 447		12b. Address (street and number, city, State and ZIP code): 652 4th Ave, Brooklyn, NY 11232	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Association of Machinists and Aerospace Workers, AFL-CIO			
12d. Tel. No. (718) 422-0090	12e. Cell No. (917) 842-6701	12f. Fax No. (718) 422-0177	12g. E-Mail Address iamdt57@gmail.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Nicholas A. Scotto, Special Representative, Eastern Territory, IAMAW		13b. Address (street and number, city, State and ZIP code): 26 Court St, Suite 1710, Brooklyn, NY 11242	
13c. Tel. No. (646) 926-2910	13d. Cell No. (631) 219-4116	13e. Fax No. 646-902-5720	13f. E-Mail Address nscotto@iamaw.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Nicholas A. Scotto		Signature 	Title Special Representative
			Date 10/15/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No.	04-RC-229947
Date Filed	10/26/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Springfield Hospital		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 190 W. Sproul Rd. Springfield, PA 19064	
3a. Employer Representative - Name and Title Elizabeth Bilotta, Chief Human Resource Officer, Crozer-Keystone Medical System		3b. Address (If same as 2b - state same) same	
3c. Tel. No. 610-338-8241	3d. Cell No. 215-284-8372	3e. Fax No. 610-338-8290	3f. E-Mail Address elizabeth.bilotta@crozer.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hospital		4b. Principal product or service Healthcare	5a. City and State where unit is located: Springfield, PA

5b. Description of Unit Involved
Included: All full time, part time, and per diem Registered Nurses employed by Springfield Hospital at the Acute Care Hospital at 190 W. Sproul Rd Springfield, PA 19064
Excluded: All other professional employees, technical employees, service and maintenance, skilled maintenance, business clerical, guards, confidential employees and supervisors as defined by the Act.

6a. No. of Employees in Unit: 59
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 10/26/18 and Employer declined recognition on or about 10/26/18 (Date) (If no reply received, so state). **NO REPLY**
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). none		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
none

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): 11/20/18
11c. Election Time(s): 6-9 am, 2-4 pm, 6-9 pm
11d. Election Location(s): Lower Level Conference Room

12a. Full Name of Petitioner (including local name and number)
Pennsylvania Association of Staff Nurses and Allied Professionals

12b. Address (street and number, city, state, and ZIP code)
1 Fayette St, Suite 475 Conshohocken, PA 19428

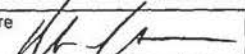
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
none

12d. Tel No. 610-567-2907	12e. Cell No. 267-279-4160	12f. Fax No. 610-567-2915	12g. E-Mail Address max@pasnap.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Max Lyons, Organizer		13b. Address (street and number, city, state, and ZIP code) 1 Fayette St, Suite 475 Conshohocken, PA 19428	
13c. Tel No. 610-567-2907	13d. Cell No. 267-279-4160	13e. Fax No. 610-567-2915	13f. E-Mail Address max@pasnap.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Max Lyons	Signature 	Title Organizer	Date 10/26/18
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 04-RC-230437

Date Filed

11-05-18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Jefferson Frankford Hospital		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 4900 Frankford Ave PA Philadelphia 19124-2695	
3a. Employer Representative - Name and Title Karen Sobczak		3b. Address (If same as 2b - state same) 4900 Frankford Ave PA Philadelphia 19124-2695	
3c. Tel. No. (215) 831-2302	3d. Cell No.	3e. Fax No.	3f. E-Mail Address ksobczak@jefferson.edu
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare		4b. Principal product or service Healthcare	
5a. City and State where unit is located: Philadelphia, PA		5b. Description of Unit Involved	
Included: See Attached Page 2 for additional details		6a. No. of Employees in Unit: 180	
Excluded: See Attached Page 2 for additional details		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): November 20, 2018	11c. Election Time(s): 6:00 a.m. to 8:00 a.m., 2:00 p.m. to 4:00 p.m., 6:00 p.m. to 8:00 p.m.	11d. Election Location(s): Conference Room
12a. Full Name of Petitioner (including local name and number) Chris Woods District 1199C, National Union of Hospital and Health Care Employees, AFSCME, AFL-CIO		12b. Address (street and number, city, state, and ZIP code) 1319 Locust Street PA Philadelphia 19107

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
National Union of Hospital and Health Care Employees, American Federation of State, County and Municipal Employees, AFL-CIO

12d. Tel No. (215) 735-1300	12e. Cell No.	12f. Fax No.	12g. E-Mail Address ChrstenW@1199cnuhnce.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Lance Geren Attorney O'Donoghue & O'Donoghue, LLP		13b. Address (street and number, city, state, and ZIP code) 325 Chestnut St Ste 515 PA Philadelphia 19106-2605	
13c. Tel No. (215) 629-4970	13d. Cell No. (202) 805-6148	13e. Fax No. (215) 629-4996	13f. E-Mail Address lgeren@odonoghuelaw.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Lance Geren	Signature /s/ Lance Geren	Title Attorney	Date 11/5/2018 07:56:40
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case 04-RC-230437	Date Filed 11-05-18

Employees Included

All full-time and regular part-time nonprofessional employees, including certified nursing assistants, chief storekeepers, cooks, dietary aides, ER clerks, ER techs, housekeeping employees, monitor techs, OR material coordinators, patient sitters, sterile processing techs, supply chain tech, transport employees, and unit clerks, employed by the Employer at its 4900 Frankford Avenue facility.

Employees Excluded

All other employees, technical employees, business office clericals, professional employees, managerial employees, guards and supervisors as defined in the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

04-RC-230451

Date Filed

December 10, 2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer ACV Enviro		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 600 Cenco Blvd NJ Clayton 08312-2310	
3a. Employer Representative - Name and Title Richard Ziskin Esq.		3b. Address (If same as 2b - state same) 6268 Jericho Tpke, Suite 12A NY Commack 11725-	
3c. Tel. No. (631) 462-1417	3d. Cell No. (516) 965-3183	3e. Fax No. (631) 462-1486	3f. E-Mail Address richard@ziskinlawfirm.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.)		4b. Principal product or service	
		5a. City and State where unit is located: Clayton, NJ	

5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 45 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): November 26, 2018	11c. Election Time(s): 5:00 a.m. to 7:00 a.m.; 5:00 p.m. to 7:00 p.m.	11d. Election Location(s): 600 Cenco Boulevard, Clayton, NJ 08312
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12a. Full Name of Petitioner (including local name and number) Kevin Young International Union of Operating Engineers Local 825	12b. Address (street and number, city, state, and ZIP code) 65 Springfield Avenue Third Floor NJ Springfield 07081-
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Union of Operating Engineers

12d. Tel No. (732) 713-5049	12e. Cell No.	12f. Fax No.	12g. E-Mail Address kyoung@iuoe825.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Daniel C Stark Esq. attorney DeCotis FitzPatrick Cole & Giblin LLP		13b. Address (street and number, city, state, and ZIP code) 500 Frank W. Burr Blvd. Suite 31 NJ Teaneck 07666-	
13c. Tel No. (201) 347-2129	13d. Cell No. (201) 213-0458	13e. Fax No. (201) 928-0588	13f. E-Mail Address dastark@decotislaw.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Daniel C Stark Esq.	Signature Daniel Stark	Title attorney	Date 11/4/2018 12:36:14
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

Technicians, Operators, Drivers, Working Foremen, Mechanics

Employees Excluded

Office clerical employees, managerial employees, guards, supervisors, and professional employees as defined by the Act

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.	04-RC-230871	Date Filed	11-09-18
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INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Samuel Adams Pennsylvania Brewery	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 7880 Penn Dr PA Breinigsville 18031-1508
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3a. Employer Representative - Name and Title Luis Mer	3b. Address (If same as 2b - state same) 7880 Penn Dr PA Breinigsville 18031-1508
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3c. Tel. No. (610) 391-4919	3d. Cell No. (610) 841-6071	3e. Fax No.	3f. E-Mail Address
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Beverages (Alcoholic)	4b. Principal product or service Brerery	5a. City and State where unit is located: Breinigsville, PA
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5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 63 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).	8b. Address
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8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): November 27, and November 29 2018	11c. Election Time(s): 5am-7am and 5pm to 7pm	11d. Election Location(s): Breakroom in the Brewhouse
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12a. Full Name of Petitioner (including local name and number) Louis Agre International Union of Operating Engineers, Local 542	12b. Address (street and number, city, state, and ZIP code) 1375 Virginia Dr Ste 100 PA Fort Washington 19034-
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Union of Operating Engineers

12d. Tel No. (215) 542-7500	12e. Cell No. (215) 852-6548	12f. Fax No. (215) 542-7557	12g. E-Mail Address Agrelou@gmail.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title	13b. Address (street and number, city, state, and ZIP code)
----------------------------	--

13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Louis Agre	Signature Louis Agre	Title Counsel	Date 11/9/2018 09:07:26
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
04-RC-230871	11-09-18

Employees Included
All brewhouse operators

Employees Excluded
Supervisors, clericals, guards and all other employees who are not brewhouse operators

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
04-RC-230873	11-09-18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
2a. Name of Employer Sunbelt Rentals		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 89 Second Street PA Wilkes-Barre 18702-	
3a. Employer Representative - Name and Title Isaac Putnam		3b. Address (If same as 2b - state same) 89 Second Street PA Wilkes-Barre 18702-	
3c. Tel. No. (570) 392-4111	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Construction Services		4b. Principal product or service Equipment Rental	
5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details		5a. City and State where unit is located: Wilkes Barre, PA 6a. No. of Employees in Unit: 8 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No _____ If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name		10b. Address	
10c. Tel. No.		10d. Cell No.	
10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): November 23, 2018		11c. Election Time(s): 6 to 8 am	
		11d. Election Location(s): Employer's facility-Breakroom	
12a. Full Name of Petitioner (including local name and number) Louis Agre International Union of Operating Engineers, Local 542		12b. Address (street and number, city, state, and ZIP code) 1375 Virginia Dr Ste 100 PA Fort Washington 19034-	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Union of Operating Engineers			
12d. Tel No. (215) 542-7500	12e. Cell No. (215) 852-6548	12f. Fax No. (215) 542-7557	12g. E-Mail Address Lou.Agre@IUOE542.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Louis Agre Counsel IUOE Local 542		13b. Address (street and number, city, state, and ZIP code) 1375 Virginia Dr Ste 100 PA Fort Washington 19034-	
13c. Tel No. (215) 542-7500	13d. Cell No. (215) 852-6548	13e. Fax No. (215) 542-7557	13f. E-Mail Address Agrelou@gmail.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Louis Agre	Signature Louis Agre	Title Counsel	Date 11/8/2018 08:24:13

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	04-RC-230873
Date Filed	11-09-18

Employees Included

All drivers, mechanics and yard personnel

Employees Excluded

Guards, clericals, supervisors, administrators, counterpersons.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-231494	Date Filed 11-23-18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer FJ Hess And Sons	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 116 McTa Dr PA Swiftwater 18370-7724
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3a. Employer Representative - Name and Title Salvatore Furino Sr.	3b. Address (if same as 2b - state same) 116 McTa Dr PA Swiftwater 18370-7724
---	--

3c. Tel. No. (570) 839-1300	3d. Cell No.	3e. Fax No. (570) 839-3400	3f. E-Mail Address briannahardy@fjhess.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Others	4b. Principal product or service HVAC/Sheetmetal	5a. City and State where unit is located: Swiftwater, PA
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5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 13 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Check One: ☐ **7a.** Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☒ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state). None	8b. Address
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8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): December 7, 2018	11c. Election Time(s): 9:30 am to 10:00 am	11d. Election Location(s): FJ Hess Fabrication Shop
---	--	---

12a. Full Name of Petitioner (including local name and number) Jeffrey Edward Schmude Sr. Jeff Schmude Sheet Metal Workers Local #44	12b. Address (street and number, city, state, and ZIP code) 248 Parrish St PA Wilkes Barre 18702-4667
---	--

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
SMART Sheet Metal Air Rail And Transportation

12d. Tel No. (570) 822-4781	12e. Cell No. (570) 262-5645	12f. Fax No. (570) 822-6615	12g. E-Mail Address jeff@smwlu44.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title	13b. Address (street and number, city, state, and ZIP code)
----------------------------	--

13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Jeffrey Edward Schmude Sr.	Signature Jeffrey Edward Schmude SR.	Title Marketing Developer	Date 11/21/2018 10:03:43
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
04-RC-231494	11-23-18

Employees Included
HVAC Full/Part time, Sheetmetal Full/Part time

Employees Excluded
Plumbers Full/Part tme, Drivers Full/Part time

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
04-RC-231871

Date Filed
11/30/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Simpson House		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2101 Belmont Avenue PA Philadelphia 19131	
3a. Employer Representative - Name and Title Richard Coyle		3b. Address (If same as 2b - state same) 2101 Belmont Avenue PA Philadelphia 19131	
3c. Tel. No. (215) 792-2198	3d. Cell No.	3e. Fax No.	3f. E-Mail Address rcoyle@simpsonhouse.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare Facilities		4b. Principal product or service	
5a. City and State where unit is located: Philadelphia, PA			

5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details		6a. No. of Employees in Unit: 5	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
--	--	------------------------------------	--

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☒ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). District 1199C, National Union of Hospital and Health Care Employees, AFSCME, AFL-CIO		8b. Address 1319 Locust Street PA Philadelphia 19107	
8c. Tel. No. (215) 735-1300	8d. Cell No.	8e. Fax No.	8f. E-Mail Address chrstew@1199cnuhhce.org
8g. Affiliation, if any National Union of Hospital and Health Care Employees, AFSCME, AFL-CIO		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No ☒ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): 12/12/2018	11c. Election Time(s): 1:00 PM to 2:00 PM	11d. Election Location(s): Conference Room	

12a. Full Name of Petitioner (including local name and number) Chris Woods District 1199C, National Union of Hospital and Health Care Employees, AFSCME, AFL-CIO	12b. Address (street and number, city, state, and ZIP code) 1319 Locust Street PA Philadelphia 19107
--	--

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
National Union of Hospital and Health Care Employees, AFSCME, AFL-CIO

12d. Tel. No. (215) 735-1300	12e. Cell No.	12f. Fax No.	12g. E-Mail Address chrstew@1199cnuhhce.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Andrew Kelser O'Donoghue & O'Donoghue LLP		13b. Address (street and number, city, state, and ZIP code) 325 Chestnut Street Suite 515 PA Philadelphia 19106	
13c. Tel. No. (215) 629-4970	13d. Cell No.	13e. Fax No.	13f. E-Mail Address akelser@odonoghuelaw.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Andrew Kelser	Signature Andrew Kelser	Title	Date 11/30/2018 07:57:00
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

The Union currently represents a bargaining unit of all full-time and regular part-time dietary, nurses' aides, orderlies, housekeeping, laundry, maintenance, personal care assistants, recreational therapy aides, and restorative aides employed at Simpson House. The Union seeks to add the Receptionists and Bus Drivers to the existing unit.

Employees Excluded

All managerial, guards, and supervisors as defined by the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-231947	Date Filed 12-03-18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer MX1		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 157 Kimbels Road Hawley, PA 18428	
3a. Employer Representative - Name and Title Eitan Maodad - Senior Director of Operations North Am		3b. Address (If same as 2b - state same) 157 Kimbels Road Hawley, PA 18428	
3c. Tel. No. 570-226-6657	3d. Cell No.	3e. Fax No. 570-226-1273	3f. E-Mail Address eitan.maodad@mx1.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Media Center		4b. Principal product or service content management and distribution services	
5b. Description of Unit Involved Included: All full-time and regular part-time MCR Operators, OU Operators, Engineers, Team Leads, Project Manager & Maintenance Technicians employed by the employer at the 157 Kimbels Rd Hawley, PA Excluded: All other employees, office employees, clerical employees, guards and supervisors as defined in the Act.		6a. City and State where unit is located: Hawley, Pennsylvania	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) **12/3/18** and Employer declined recognition on or about (Date) (If no reply received, so state). **NO REPLY**
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). none		8b. Address	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **No** If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 6 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
None

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): 12/12/18	11c. Election Time(s): 7 AM to 8 AM and 3 PM to 4 PM	11d. Election Location(s): Lunch/Break Room
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12a. Full Name of Petitioner (including local name and number)
Communications Workers of America D 2-13, AFL-CIO

12b. Address (street and number, city, state, and ZIP code)
230 S. Broad St. Floor 19 Philadelphia, PA 19102

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Communications Workers of America District 2-13

12d. Tel. No.
215-564-8169

12e. Cell No.
215-840-8951

12f. Fax No.
215-564-2520

12g. E-Mail Address
organizer@cwalocal13000.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title
Joseph Smolczynski -Organizer

13b. Address (street and number, city, state, and ZIP code)
230 S. Broad St. 19th Flr. Philadelphia, PA 19102

13c. Tel. No.
215-564-8169

13d. Cell No.
215-840-8951

13e. Fax No.
215-564-2520

13f. E-Mail Address
organizer@cwalocal13000.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Joseph Smolczynski	Signature 	Title Organizer	Date 12/3/18
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

04-RC-232687

Date Filed

12-13-18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer

ACV Enviro

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)

Aston Service Center 2527 Market Street
PA Aston 19014-

3a. Employer Representative - Name and Title

David Duff

3b. Address (If same as 2b - state same)

Aston Service Center 2527 Market Street
PA Aston 19014-

3c. Tel. No.

(610) 859-9000

3d. Cell No.

3e. Fax No.

(610) 485-9680

3f. E-Mail Address

dduff@acvenviro.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)

Construction Services

4b. Principal product or service

Environmental Clean outs

5a. City and State where unit is located:

Aston, PA

5b. Description of Unit Involved

Included: See Attached Page 2 for additional details

Excluded: See Attached Page 2 for additional details

6a. No. of Employees in Unit:

29

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☐ **7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state).**

☒ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No ☒ If so, approximately how many employees are participating? _____

(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
January 4th 2019

11c. Election Time(s):
6:30am to 8am

11d. Election Location(s):
Shop Area

12a. Full Name of Petitioner (including local name and number)

Frank Bankard
International Union of Operating Engineers Local 542

12b. Address (street and number, city, state, and ZIP code)

1375 Virginia Drive
PA Fort Washington 19034-

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)

AFL-CIO

12d. Tel No.

(267) 784-7744

12e. Cell No.

12f. Fax No.

12g. E-Mail Address

oe542@yahoo.com

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title

13b. Address (street and number, city, state, and ZIP code)

13c. Tel No.

13d. Cell No.

13e. Fax No.

13f. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

Frank Bankard

Signature

Frank Bankard

Title

Date

12/13/2018 08:28:52

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
04-RC-232687	12-13-18

Employees Included

All full-time and regular part-time drivers, pump operators, working foremen, working supervisors/foreman, field technicians, dispatchers, maintenance personnel including mechanics, welders, porters, and washers

Employees Excluded

All clerical employees, managerial employees, professional employees, guards, including watchmen and security personnel, and supervisors as defined in the Act, and all other employees.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
04-RC-233383

Date Filed
12/28/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Aqua Pennsylvania Wastewater Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 762 W Lancaster Ave PA Bryn Mawr 19010-3489	
3a. Employer Representative - Name and Title Christine Kelly		3b. Address (if same as 2b - state same) 762 W Lancaster Ave PA Bryn Mawr 19010-3489	
3c. Tel. No.	3d. Cell No. (267) 441-0058	3e. Fax No. (610) 525-7658	3f. E-Mail Address CLKelly@aquaAmerica.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Water Utilities		4b. Principal product or service Waste water treatment	
5a. City and State where unit is located: West Chester, PA		5b. Description of Unit Involved	
Included: See Attached Page 2 for additional details		6a. No. of Employees in Unit: 8	
Excluded: See Attached Page 2 for additional details		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). No reply received			
<input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No <input type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (If none, so state)			
10a. Name		10b. Address	
		10c. Tel. No.	
		10d. Cell No.	
		10e. Fax No.	
		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.			
11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail		11b. Election Date(s): January 15, 2019	
11c. Election Time(s): 10 am-11 am		11d. Election Location(s): Employee Break Room at the Employer's 1029 Fern Hill Rd, West Chester	
12a. Full Name of Petitioner (including local name and number) Matthew Toomey International Union of Operating Engineers, Local 542		12b. Address (street and number, city, state, and ZIP code) 1375 Virginia Dr PA Ft. Washington 19034	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Union of Operating Engineers			
12d. Tel No. (215) 542-7500	12e. Cell No. (215) 317-1606	12f. Fax No. (215) 542-7557	12g. E-Mail Address Matt.toomey@luoe542.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Louis Agre Counsel IUOE Local 542		13b. Address (street and number, city, state, and ZIP code) 1375 Virginia Dr PA Fort Washington 19034	
13c. Tel No. (215) 542-7500	13d. Cell No. (215) 852-6548	13e. Fax No. (215) 542-7557	13f. E-Mail Address Lou.Agre@iuoe542.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Louis Agre	Signature Louis Agre	Title Counsel	Date 12/27/2018 12:38:39

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Attachment

Employees Included
See Attached

Employees Excluded

All other employees, office clerical employees, confidential employees, professional employees, managerial employees, guards, and supervisors as defined in the Act.

DO NOT WRITE IN THIS SPACE	
Case	Date Filed 12/28/18

INCLUDED: All full-time and regular part-time Wastewater Technicians/Operators employed by the Employer and assigned to perform work at any of the following twenty- one (21) locations:

1. Avon Grove - 383 S Jennersville Rd, West Grove, PA 19390
2. Brandywine River Estates - 294 Dressage Ct, West Chester, PA 19382
3. Bridlewood - 100 Bridlewood Blvd, West Chester, PA 19382
4. Cheyney - Creek Rd & Cheyney Rd, Thornbury Township, PA 19342
5. Creek Lane (Country Club Estates) - Creek Lane, Flourtown, PA
6. Deerfield Knoll - 6050 West Chester Pike, West Chester, PA 19380
7. Honeycroft - Unnamed Rd off Gap Newport Pike (Rte. 41), Avondale, PA
8. Knight's Bridge - Brandywine Dr. Chadds Ford, PA 19317
9. Little Washington - Little Washington Lyndell Rd & Windy Hill Rd, Downingtown, PA 19335
10. New Daleville - 444 Wrigley Blvd Cochranville, PA 19330
11. Newlin Green - 1004 Unionville Wawaset Rd (rt. 842) Kennett Square, PA
12. Peddler's View - Lower York Rd, New Hope, PA
13. Penn Oaks - Access Rd off Augusta Drive, West Chester, PA 19382
14. Penn Township - 1015 W Baltimore Pike, West Grove, PA 19390
15. Plumsock - Plumsock Rd, Newtown Square, PA
16. Sage Hill - S. Westbourne Rd & Southgate Rd, West Chester, PA 19382
17. Stony Creek Farms - 233 Caspian Ln, Norristown, PA
18. Twin Hills - Byers Rd, Chester Springs, PA
19. Uwchlan Township (Eagleview) - Eagleview Blvd, Exton, PA 19341
20. William Henry - Access Road off William Henry Apartments, 1086 W King Rd, Malvern, PA 19355
21. Willistown Woods - 1700 West Chester Pike, Havertown, PA 19083

EXCLUDED: All other employees, office clerical employees, confidential employees, professional employees, managerial employees, guards, and supervisors as defined in the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

04-RC-233400

Date Filed

12/28/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
Aqua America

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
762 W Lancaster Ave
PA Bryn Mawr 19010-3489

3a. Employer Representative - Name and Title
Christina Kelly

3b. Address (if same as 2b - state same)
762 W Lancaster Ave
PA Bryn Mawr 19010-3489

3c. Tel. No.
(610) 525-1400

3d. Cell No.
(267) 441-0058

3e. Fax No.
(610) 525-7658

3f. E-Mail Address
CLKelly@aquaamerica.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Water Utilities

4b. Principal product or service
waste water treatment

5a. City and State where unit is located:
Royersford, PA

5b. Description of Unit Involved

Included: See Attached Page 2 for additional details

6a. No. of Employees in Unit:
4

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Excluded: See Attached Page 2 for additional details

Check One: ☒ **7a. Request for recognition as Bargaining Representative was made on (Date) 10/16/2018 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received**

☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
Jan 15th

11c. Election Time(s):
630 a.m.

11d. Election Location(s):
529 king rd royersford pa, 19468 Employee Breakroom

12a. Full Name of Petitioner (including local name and number)
Matt Toomey
Matthew Toomey International Union of Operating Engineers Local 542

12b. Address (street and number, city, state, and ZIP code)
1375 Virginia Dr Ste 100
PA Fort Washington 19034-3257

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Union of Operating Engineers

12d. Tel No.
(215) 317-1606

12e. Cell No.
(215) 317-1606

12f. Fax No.

12g. E-Mail Address
matt.toomey@iuoe542.com

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title
Lou Agre
International Union of Operating Engineers Local 542

13b. Address (street and number, city, state, and ZIP code)
1375 Virginia Drive
PA Fort Washington pa 19034-

13c. Tel No.
(215) 542-7500

13d. Cell No.
(215) 852-6548

13e. Fax No.

13f. E-Mail Address
lou.Agre@iuoe542.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)
Matt Toomey

Signature
Matthew Toomey

Title
Business Agent

Date
12/28/2018 12:00:34

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
04-RC-233400	12/28/18

Employees Included

plant Operators (facility)plant coordinators (facility) at either 529 king rd royersford pa, 19468 or 182 longview rd linfield pa, 19468

Employees Excluded

All other Employees, Office Clerical employees, confidential Employess, Professional Employees, Managerial Employees, Guards, and Supervisors as defined in the Act.